

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 JAN 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002924

1. Entity Name

RHEMA WORD CHRISTIAN MINISTRIES, INC.

Principal Place of Business

1310 CARLTON AVE  
LAKE WALES FL 33853

Mailing Address

1310 CARLTON AVE  
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652316

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ANDREW L  
1310 CARLTON AVE  
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D - President  Delete  
NAME: WILLIAMS, ANDREW L SR  
STREET ADDRESS: 1310 CARLTON AVE  
CITY-ST-ZIP: LAKE WALES FL 33853

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS: 300003535253--0  
CITY-ST-ZIP: -01/12/01--01004--006  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE: D - Secretary  Delete  
NAME: BROOME, CAROLYN B  
STREET ADDRESS: 6026 LAKE RUTH DR. W,  
CITY-ST-ZIP: DUNDEE FL 33838

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: D - Treasurer  Delete  
NAME: WILLIAMS, SHEILA  
STREET ADDRESS: 6029 LAKE RUTH DR. W.  
CITY-ST-ZIP: DUNDEE FL 33838

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: D  Delete  
NAME: BURGESS, ROBERT  
STREET ADDRESS: 1624 TANGELO STREET  
CITY-ST-ZIP: LAKE WALES FL 33853

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: T  Delete  
NAME: WILLIAMS, TERRY B  
STREET ADDRESS: 1310 CARLTON AVE  
CITY-ST-ZIP: LAKE WALES FL 33853

TITLE: D  Change  Addition  
NAME: Willams, Randolph  
STREET ADDRESS: 6029 Lake Ruth Drive West  
CITY-ST-ZIP: Dundee, Florida 33853

TITLE: D  Delete  
NAME: BROOME, KARRY L SR  
STREET ADDRESS: 6026 LAKE RUTH DR. W  
CITY-ST-ZIP: DUNDEE FL 33838

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andrew L Williams* 1-12-01

Date

Daytime Phone #

CR2E037 (10/00)