2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # N0000002924** RHEMA WORD CHRISTIAN MINISTRIES, INC. 02-21-2002 90010 037 ****61.25 Mailing Address Principal Place of Business 1310 CARLTON AVE 1310 CARLTON AVE LAKE WALES FL 33853 LAKE WALES FL 33853 927114 2. Principal Place of Business 3. Mailing Address 224-6 - Main DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3652316 Not Applicable)undee Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIAMS, ANDREW L 1310 CARLTON AVE LAKE WALES FL 33853 \mathbf{D}_{0} 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Delete TITLE TITLE WILLIAMS, ANDREW L SR NAME NAME STREET ADDRESS 1310 CARLTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 SD ☐ Change ☐ Addition Delete TITLE TITLE BROOME, CAROLYN B NAME NAME STREET ADDRESS STREET ADDRESS 6026 LAKE RUTH DR. W. CITY-ST-ZIP **DUNDEE FL 33838** CITY-ST-ZIP ☐ Addition ☐ Change TD ☐ Delete TITLE WILLIAMS, SHEILA NAME 6029 LAKE RUTH DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNDEE FL 33838 Change ☐ Addition TITLE ☐ Delete TITLE BURGESS, ELIJAH R NAME STREET ADDRESS STREET ADDRESS **1624 TANGELO STREET** CITY-ST: ZIP. ... CITY-ST-ZIP LAKE:WALES FL 33853 TITLE Delete TITLE Change ☐ Addition WILLIAMS, RANDOLPH NAME NAME STREET ADDRESS 6029 LAKE RUTH DRIVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNDEE FL 33853 ☐ Addition TITLE Change ☐ Delete TITLE BROOME, KARRY L SR NAME NAME STREET ADDRESS 6026 LAKE RUTH DR. W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNDEE FL 33838** 12. I hereby certify that the information supplied with this filling 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 of 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.

-14-02 (863)676-8507 **SIGNATURE:**