

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 10000000 2924
 1. Entity Name
RHEMA WORD CHRISTIAN MINISTRIES, INC.



FILED

04 MAY 25 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 224 East Main Street		3. Mailing Address 200 Ave. "K" SE		4. FEI Number 59-3652316		<input checked="" type="checkbox"/> Applied For
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. #370		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Not Applicable
City & State Dundee, FL		City & State Winter Haven, FL		DO NOT WRITE IN THIS SPACE DM		
Zip 33838	Country Polk	Zip 33880	Country Polk			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent					
	Name Mr. Andrew L. Williams Sr.					
	Street Address (P.O. Box Number is Not Acceptable) 200 Ave. "K" SE					
	Apt. 370					
City Winter Haven				FL	Zip Code 33880	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Andrew J. Will I. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, ANDREW L SR 200 AVE "K" SE WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100037623241 06/03/04--01018--021 **70.00
TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	BROWN, CAROLYN 6026 LAKE RUTH DR. W. DUNDEE, FL 33838	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	JOHNSON, LOUIS 2454 MARY JEWETT CIRCLE WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	STUBBS, MARY 4024 VISTA DELLOGO DR WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LEE, BEN 2417 LAKEVIEW STREET LAKELAND, FL 33801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE O NAME STREET ADDRESS CITY-ST-ZIP	NAPIER, PAUL 316 HEARTLAND PL MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew J. Will I. Date 5-20-04 (863) 297-5907

Daytime Phone #

CR2E037B (12/02)

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