

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

DOCUMENT # N00000002924

1. Entity Name
RHEMA WORD CHRISTIAN MINISTRIES, INC.



03-05-2003 90470 001 ****61.25
03-05-2003 90470 002 *****8.75
03-05-2003 90470 003 *****5.00

55018131



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**224 E MAIN STREET
DUNDEE FL 33838**

Mailing Address
**1310 CARLTON AVE
LAKE WALES FL 33853**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3652316**

Applied For
Not Applicable

Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLIAMS, ANDREW L SR
1310 CARLTON AVE
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ANDREW L SR 1310 CARLTON AVE LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOME, CAROLYN B 6026 LAKE RUTH DR. W, DUNDEE FL 33838 <input checked="" type="checkbox"/> Delete Name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, SHEILA 6029 LAKE RUTH DR. W. DUNDEE FL 33838 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, ELJAH R 1624 TANGELO STREET LAKE WALES FL 33853 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RANDOLPH 6029 LAKE RUTH DRIVE WEST DUNDEE FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOME, KARRY L SR 6026 LAKE RUTH DR. W DUNDEE FL 33838 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Carolyn B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6026 Lake Ruth Dr, W, Dundee, FL 33858 Name
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Napier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 422 Citrus Highland Dr. Bartow, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cherice Cuyler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 607 Evergreen PL SW Winter Haven, FL 33880

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** *Andrew J. Will* 3/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (863) 676-8507

CR2E037 (10/02)