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Apr 10, 2003 8:00 am
Secretary of State
03-19-2003 90139 013 ****61.25

55024309

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

DOCUMENT # N02000003512

1. Entity Name
Rhema Life Savers Ministries, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4518 Scenic Lake Dr	4518 Scenic Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32808 Country: USA	Zip: 32808 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 76-3002595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SIMMONS, Chester

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

4518 Scenic Lake Drive

City: Orlando FL Zip Code: 32808

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: Chester Simmons 3-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Simmons Chester 4618 Scenic Lake Drive Orlando FL 32808	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Simmons Deborah 4518 Scenic Lake Dr. Orlando, FL 32808	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Administrator, Treasury D Smith LaTonya 6415 Old Oak Tree Drive Orlando, FL 32808	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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: Chester Simmons 3-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #