



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N02000004305</b><br>1. Entity Name<br>RHEMA ENTERPRISES, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>790 WOODBINE WAY, #724<br>PALM BEACH GARDENS, FL 33418 | Mailing Address<br>P.O. BOX 3764<br>WEST PALM BEACH, FL 33402 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



08072007 No Chg-NP CR2E037 (4/06)


|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>43-1976473                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

TURNER, DELORES DR  
790 WOODBINE WAY, # 724  
PALM BEACH GARDENS, FL 33418

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IN THIS SPACE**

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  DATE 09/14/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

|  |   |
|--|---|
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|--|---|

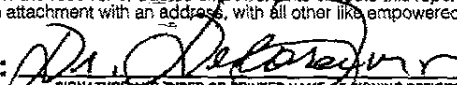
10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOP<br>TURNER, DELORES DR.<br>790 WOODBINE WAY<br>WPB, FL 33418 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>GUNTER, JOYCE<br>3475 GUNDRY AVE.<br>LONG BEACH, CA 90807   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>JOE, MIRIAM<br>410 W. 27TH ST.<br>RIVIERA BEACH, FL 33407  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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09/13/07-80003-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 9/14/07 (SGI) 5124884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR