2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N03000001628

Entity Name: CITADEL OF HOPE RHEMA MINISTRY, INC.

Current Principal Place of Business:

9497 LEMTURNER RD.
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 440967
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, LINDA L
7819 AUSTIN RD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: THOMPSON, LINDA L
Address: 8461 PERKINS CT.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP/D ( ) Delete
Name: THOMPSON, LUCIOUS
Address: 8461 PERKINS CT.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: T/D ( ) Delete
Name: LATHERS, TONY I SR.
Address: 7819 AUSTIN RD.
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: A/D ( ) Delete
Name: BAZZELL, IRA C
Address: 1531 W. 27TH ST.
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR/D (X) Change ( ) Addition
Name: DICKEY, WANDA
Address: 3547 POINSETTA ST.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VP/D (X) Change ( ) Addition
Name: LATHERS, TONY I SR.
Address: 7819 AUSTIN RD.
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA THOMPSON P/D 05/05/2005
Electronic Signature of Signing Officer or Director — Date