

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

08 MAR 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-11-08



02272008 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000009799 1. Entity Name RHEMA CHRISTIAN FELLOWSHIP, INC.					
Principal Place of Business 4540 NW 4 STREET PLANTATION, FL 33317			Mailing Address 4540 NW 4 STREET PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0120083	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, H IRVING 4540 NW 4 STREET PLANTATION, FL 33317				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Amended AR is \$61.25		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, H IRVING 4540 NW 4 STREET PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, A SHERRON 4540 NW 4 STREET PLANTATION, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, NORMAN 13821 CHATHAM PL DAVIE, FL 33325	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPALO, WANDA 3754 NW 107TH WAY SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, MERVYN 13753 NW 10TH COURT PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOTE, CAROL 400 CAROLINA AVENUE FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, GLENNA 4520 NW 4th ST PLANTATION FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
100120090221 03/12/08--01016--016 **\$61.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, GORDON 9828 NW 2nd ST PLANTATION FL - 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEFFERSON, MARCIA 2534 Wiley ST HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, HILTON 2751 SUNRISE LAKES EAST DR. SUNRISE FL 33322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>H. Irving Wilson</u> <u>2/27/08</u> <u>954-648-9792</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <div style="text-align: center; margin-top: 10px;"> <i>President</i> </div>					