

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009799

FILED
Jan 26, 2009
Secretary of State

Entity Name: RHEMA CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

4540 NW 4 STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4540 NW 4 STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 90-0120083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, H IRVING
4540 NW 4 STREET
PLANTATION, FL 33317 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: PD () Delete
Name: WILSON, H IRVING
Address: 4540 NW 4 STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: WILSON, SHERRON
Address: 4540 NW 4 STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BIRD, GLENNA
Address: 4520 NW 4 STREET
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: CAMPBELL, GORDON
Address: 9828 NW 2ND ST
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: JEFFERSON, MARCIA
Address: 2534 WILEY ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: HILTON, DANIEL
Address: 2751 SUNRISE LAKES EAST DR.
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: H. IRVING WILSON

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date