

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007070

FILED
Apr 29, 2009
Secretary of State

Entity Name: RHEMA HEALING AND DELIVERANCE MISSIONARY, INC.

Current Principal Place of Business:

194 LOUIS BROER RD
E PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

192 SR 207
E PALATKA, FL 32131

New Mailing Address:

FEI Number: 32-0153732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LORENZO T PASTOR
192 SR 207
E PALATKA, FL 32131 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 () Delete
Name: WRIGHT, LORENZO T SR
Address: 192 SR 207
City-St-Zip: EAST PALATKA, FL 32131

Title: VPD () Delete
Name: WILLIAMS, CORNELL
Address: 401 MAGNOLIA ST
City-St-Zip: PALATKA, FL 32177

Title: TD () Delete
Name: TAYLOR, BRENDA
Address: 1924 LOCUST AVENUE
City-St-Zip: PALATKA, FL 32177

Title: SD () Delete
Name: HUGHES, PAMELA
Address: P O BOX 2517
City-St-Zip: PALATKA, FL 32178

Title: D () Delete
Name: WHITTLE, SABRINA
Address: 2305 HUSSON AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D (X) Delete
Name: WRIGHT, ANGELA
Address: 192 SR 207
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WRIGHT, LORENZO T SR
Address: 192 SR 207
City-St-Zip: EAST PALATKA, FL 32131

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

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

Title: SD (X) Change () Addition
Name: WOODS, KUTANNA
Address: 108 NICOLE APT. 1
City-St-Zip: PALATKA, FL 32177

Title: D (X) Change () Addition
Name: HUGHES, PAMELA
Address: P O BOX 2517
City-St-Zip: PALATKA, FL 32178

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: LORENZO T. WRIGHT, SR. PASTOR

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date