

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007070

FILED
May 03, 2012
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 SR.
192 S R 207
EAST 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: PD
Name: WRIGHT, LORENZO SR
Address: 192 SR 207
City-St-Zip: EAST PALATKA, FL 32131

Title: VPD
Name: DAVIS, ENDIA
Address: P O BOX 875
City-St-Zip: EAST PALATKA, FL 32131

Title: TD
Name: BEAUFORD, TERRANCE SR.
Address: 206 2ND STREET
City-St-Zip: EAST PALATKA, FL 32131

Title: S
Name: FLUELLEN, JANICE
Address: 125 JACKSON STREET
City-St-Zip: PALATKA, FL 32177

Title: D
Name: WILLIAMS, CORNELL
Address: 401 MAGNOLIA STREET
City-St-Zip: PALATKA, FL 32178

Title: D
Name: JARMON, DEBORAH
Address: 1289 EAST GRAND AVENUE 102
City-St-Zip: ESCONDIDO, CA 92027

I hereby 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 all other like empowered.

SIGNATURE: LORENZO T. WRIGHT, SR.

PD

05/03/2012

Electronic Signature of Signing Officer or Director

Date