


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90118 001 ***306.25

DOCUMENT # N06000000337	
1. Entity Name RHEMA WAY CITY CHURCH, INC	

Principal Place of Business 1445 STEELE STREET JACKSONVILLE, FL 32209	Mailing Address PO BOX 40278 JACKSONVILLE, FL 32203
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66010506



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent DANIELS, KIMBERLY 9197 CAMSHIRE DRIVE JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name <u>Daniels Kimberly</u> Street Address (P.O. Box Number is Not Acceptable) <u>450 Busch Dr #6</u> City <u>Jax</u> FL <u>32218</u>	
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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 Kimberly Daniels DATE 5/1/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIELS, KIMBERLY 9197 CAMSHIRE DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Trustee</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAINES, ALPHA 55 E 19TH ST JACKSONVILLE, FL 32206 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Martha Park</u> <u>500 Kenwood Street</u> <u>Jax, FL 32259</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARCE, NICOLE 8130 BAY MEADOWS WAY WEST, #200 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Treasurer</u> <u>Lakeshia Johnson</u> <u>1255 Peace Field Dr</u> <u>Jax, FL 32205</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELS, ARDELL 9197 CAMSHIRE DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, MICHAEL 1628 N MYRTLE AVE JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EASTON, SONJI 1872 HAWKINS COVE DR WEST JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Kimberly Daniels Date May 1, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR