

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000337

FILED
Apr 22, 2009
Secretary of State

Entity Name: RHEMA WAY CITY CHURCH, INC

Current Principal Place of Business:

1445 STEELE STEET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

PO BOX 40278
JACKSONVILLE, FL 32203

New Mailing Address:

P O BOX 28007
JACKSONVILLE, FL 32226

FEI Number: 26-0487949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, KIMBERLY
450 BUSCH DR. #6
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

DANIELS, KIMBERLY
450 BUSCH DR. #3
JACKSONVILLE, FL 32218 US

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: KIMBERLY DANIELS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANIELS, KIMBERLY
Address: 9197 CAMSHIRE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: PARK, MARTHA
Address: 500 KENWOOD STREET
City-St-Zip: JACKSONVILLE, FL 32259

Title: S () Delete
Name: PEARCE, NICOLE
Address: 8130 BAY MEADOWS WAY WEST, #200
City-St-Zip: JACKSONVILLE, FL 32256

Title: V () Delete
Name: DANIELS, ARDELL
Address: 9197 CAMSHIRE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: JENNINGS, MICHAEL
Address: 1628 N MYRTLE AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: EASTON, SONJI
Address: 1872 HAWKINS COVE DR WEST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DANIELS, KIMBERLY
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR (X) Change () Addition
Name: FLOWERS, KIM
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change () Addition
Name: ARCHIBALD, PAM
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

Title: V (X) Change () Addition
Name: DANIELS, ARDELL
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

Title: TR (X) Change () Addition
Name: JENNINGS, MICHAEL
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change () Addition
Name: JOHNSON, LAKESHA
Address: 450 BUSCH DR SUITE 3
City-St-Zip: JACKSONVILLE, FL 32218

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: KIMBERLY DANIELS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date