

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26012**

**(7)**

1. Corporation Name

**RHEMA WORD MINISTRIES, INC.**

Principal Place of Business

1830 N.W. 38TH AVE.  
POST OFFICE BOX 17172  
PLANTATION FL 33318

Mailing Address

1830 N.W. 38TH AVE.  
POST OFFICE BOX 17172  
PLANTATION FL 33318



3. Date Incorporated or Qualified  
**04/21/1988**

3a. Date of Last Report  
**08/04/1995**

2. Principal Place of Business  
**21 1080 N.W. 47 Avenue**

2a. Mailing Address  
**26 P.O. Box 17172**

4. FEI Number  
**65-0051297**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

22 City & State  
**23 Landerhill, FL**

27 City & State  
**28 Plantation, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33313** Country **U.S.A.**  
25 Broward

29 Zip **33318** Country **U.S.A.**  
30 Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTOX, JOYCELYN BARNETT**  
**4770 N.W. 19TH STREET**  
**LAUDERHILL FL 33313**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joycelyn E. Barnett*

**3/17/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>BARNETT, JOYCELYN E.</b> |                                 |
| STREET ADDRESS | <b>4770 NW 19TH STREET</b>  |                                 |
| CITY-ST-ZIP    | <b>LAUDERHILL FL</b>        |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>BARNETT, TERRANCE</b>    |                                 |
| STREET ADDRESS | <b>4770 NW 19TH ST</b>      |                                 |
| CITY-ST-ZIP    | <b>LAUDERHILL FL 33313</b>  |                                 |
| TITLE          | <b>ST</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>MONGEON, MICHELLE</b>    |                                 |
| STREET ADDRESS | <b>6261 NW 16TH ST</b>      |                                 |
| CITY-ST-ZIP    | <b>SUNRISE FL 33313</b>     |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SKINNER, DUFFY</b>       |                                 |
| STREET ADDRESS | <b>2434 N.W. 56TH AVE.</b>  |                                 |
| CITY-ST-ZIP    | <b>LAUDERHILL FL</b>        |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>TAYLOR, WAYDE</b>        |                                 |
| STREET ADDRESS | <b>4791 NW 5TH CT</b>       |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL 33317</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>8112 N.W. 75 Ave.</b>   |
| 4.4 CITY-ST-ZIP    | <b>Tamarac, FL 33321-4987</b>  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Joycelyn E. Barnett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/96**

Date

Daytime Phone #

CR2E037 (12/95)