

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90083 022 \*\*\*\*61.25

DOCUMENT # N26012

1. Corporation Name

RHEMA WORD MINISTRIES, INC.

Principal Place of Business

1080 NW 47 AVENUE  
LAUDERHILL FL 33313  
US

Mailing Address

P.O. BOX 17172  
PLANTATION FL 33318  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 190422

27 Suite, Apt. #, etc.

28 Zip

29 Country

3. Date Incorporated or Qualified

04/21/1988

4. FEI Number

65-0051297

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Joycelyn Mattox Barnett

82 Street Address (P.O. Box Number is Not Acceptable)

4770 NW 19th Street

83

84 City

Lauderhill

FL

85 Zip Code

33313

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARNETT, JOYCELYN E.  
STREET ADDRESS 4770 NW 19TH STREET  
CITY-ST-ZIP LAUDERHILL FL

TITLE D ☐ DELETE

NAME BARNETT, TERRANCE  
STREET ADDRESS 4770 NW 19TH ST  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE S ☐ DELETE

NAME MONGEON, MICHELLE  
STREET ADDRESS 6261 NW 16TH ST  
CITY-ST-ZIP SUNRISE FL 33313

TITLE ST ☐ DELETE

NAME BRYANT-BELL, TRACY  
STREET ADDRESS 2551 N.W. 41 AVENUE, 7-210  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Joycelyn Mattox Barnett

5/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0038411