

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90023 036 ****71.75

DOCUMENT # N26012

1. Entity Name

RHEMA WORD MINISTRIES, INC.

Principal Place of Business

1080 NW 47 AVENUE
 LAUDERHILL FL 33313
 US

Mailing Address

PO BOX 190422
 FT LAUDERDALE FL 33319
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0051297

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, JOCELYN M
4770 N.W. 19TH STREET
LAUDERHILL FL 33313

JOYCELYN E.

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE



After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNETT, JOYCELYN E.	
STREET ADDRESS	4770 NW 19TH STREET	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, TERRANCE	
STREET ADDRESS	4770 NW 19TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONGEON, MICHELLE	
STREET ADDRESS	5991 N.W. 16 PLACE APT. 8	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUSTICE-WILLIAMS, GLENDA	
STREET ADDRESS	4361 N.W. 7 CT.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, CHERYL	
STREET ADDRESS	3330 SPANISH MOSS TERR, APT. 302	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	F	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mongeon, Michelle	
STREET ADDRESS	5991 NW 16 Place apt. 8	
CITY-ST-ZIP	Sunrise, FL 33313	
TITLE	F	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Bell	
STREET ADDRESS	2551 NW 41 AVE	
CITY-ST-ZIP	Lauderhill, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

12. 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 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: *Joycelyn E. Barnett* **FILED**

7-29-02

(954) 735-5153