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FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000002695 (2)

1. Corporation Name

RHEMA CHRISTIAN ACADEMY, INC.

Principal Place of Business

Mailing Address

9509 SWEET GUM LANE
NAVARRE FL 32566

9509 SWEET GUM LANE
NAVARRE FL 32566-2526



3. Date Incorporated or Qualified
05/21/1996

3a. Date of Last Report
Not applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 5345
Suite, Apt. #, etc.

26 P.O. Box 5345
Suite, Apt. #, etc.

22 City & State
Navarre FL

27 City & State
Navarre FL

24 Zip 32566 Country Santa Rosa

29 Zip 32566 Country Santa Rosa

4. FEI Number

59-3380415

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

SUTTON, BETH R
1849 FLAMINGO LANE
NAVARRE FL 32566

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SUTTON, BETH S
STREET ADDRESS 1849 FLAMINGO LANE
CITY-ST-ZIP NAVARRE FL 32566

1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME VOSMERA, LOIS
STREET ADDRESS 9509 SWEET GUM LANE
CITY-ST-ZIP NAVARRE FL 32566

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME GRIESHOP, NANCY D
STREET ADDRESS 8575 NELDA ROAD
CITY-ST-ZIP NAVARRE FL 32566

3.1 TITLE T/SID
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

Tilman, Tim
2136 Las Vegas Trail
Navarre, FL 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

4-29-97 904-939-9397

CR2E037 (9/96)