


FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 5345 NAVARRE FL 32566 US		Mailing Address P.O. BOX 5345 NAVARRE FL 32566 US	
2. Principal Place of Business	2a. Mailing Address		
21 3850 Hwy. 87	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Navarre, FL	27		
City & State	City & State		
23 32566 Santa Rosa	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 05/21/1996	
4. FEI Number 59-3380415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SUTTON, BETH R 1849 FLAMINGO LANE NAVARRE FL 32566	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	SUTTON, BETH S	1.2 NAME	Brian L. Pillsbury
STREET ADDRESS	1849 FLAMINGO LANE	1.3 STREET ADDRESS	3089 Oak Street North
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	Crestview, FL 32536
TITLE	D	2.1 TITLE	Director
NAME	TILMAN, TIM	2.2 NAME	Donald Sandaal
STREET ADDRESS	2136 LAS VEGAS TRAIL	2.3 STREET ADDRESS	1403 Beverly St.
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	Fort Walton Bch., FL 32547
TITLE	TSD	3.1 TITLE	
NAME	GRIESHOP, NANCY D	3.2 NAME	
STREET ADDRESS	8575 NELDA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ Date: **April 27, 98 (950) 939-9397**

CP2E037 (10/97)