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Mar 10, 1999 8:00 am
Secretary of State

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CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000004278			
1. Corporation Name RHEMA OUTREACH MINISTRIES, INC.			
Principal Place of Business 234 NW 7TH AVE. DELRAY BEACH FL 33444		Mailing Address 234 NW 7TH AVE. DELRAY BEACH FL 33444	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-6077168	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FULLER, SHIRLEY 234 NW 7TH AVE. DELRAY BEACH FL 33444				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	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DP			1.2 NAME		
STREET ADDRESS FULLER, SHIRLEY			1.3 STREET ADDRESS		
CITY-ST-ZIP 234 NW 7TH AVE. DELRAY BEACH FL 33444			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DS			2.2 NAME		
STREET ADDRESS MILLER, OTELIA F			2.3 STREET ADDRESS		
CITY-ST-ZIP 5783 SE MERCEDES AVE. STUART FL 34997			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DT			3.2 NAME		
STREET ADDRESS WALLACE, MAXINE			3.3 STREET ADDRESS		
CITY-ST-ZIP 1120 NW 64TH ST. MIAMI FL 33150			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			4.2 NAME		
STREET ADDRESS CUMMINGS, JENNIFER			4.3 STREET ADDRESS		
CITY-ST-ZIP 6140 45TH ST. VERO BEACH FL 32967			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			5.2 NAME		
STREET ADDRESS WALTON, PAMELA D			5.3 STREET ADDRESS		
CITY-ST-ZIP 4518 SE SALVATORI RD. STUART FL 34997			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			6.2 NAME		
STREET ADDRESS DAVIS, MATTIE F			6.3 STREET ADDRESS		
CITY-ST-ZIP 908 MARTIN LUTHER KING BLVD. STUART FL 34994			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:  **3/4/99** **561-276-7823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #