

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004278

1. Entity Name

RHEMA OUTREACH MINISTRIES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90054 027 ****61.25

0053371

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

4629 Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

4629 Sunrise Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

Zip 33445

Country USA

City & State

Delray Beach, FL

Zip 33445

Country USA

4. FEI Number

95-6077168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FULLER, SHIRLEY
234 NW 7TH AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name Shirley Fuller-Ramsey

Street Address, P.O. Box Number is Not Acceptable
4629 Sunrise Blvd.

City Delray Beach,

FL

Zip Code 33445

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.

SIGNATURE

Shirley Fuller-Ramsey

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

(NOTE: Registered Agent signature required when reinstating)

4-1-01

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FULLER, SHIRLEY	
STREET ADDRESS	234 NW 7TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLER, OTELIA F	
STREET ADDRESS	5783 SE MERCEDES AVE.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, MAXINE	
STREET ADDRESS	1120 NW 64TH ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, JENNIFER	
STREET ADDRESS	6140 45TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, PAMELA D	
STREET ADDRESS	4518 SE SALVATORI RD.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MATTIE F	
STREET ADDRESS	908 MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuller-Ramsey, Shirley	
STREET ADDRESS	4629 Sunrise Blvd.	
CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, Girsella Maxine	
STREET ADDRESS	230 SW 5th Ave.	
CITY-ST-ZIP	Delray Beach, FL 33444	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Shirley Fuller-Ramsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

561-638-6648

Daytime Phone #

CR2E037 (10/00)