

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004278**

1. Entity Name

RHEMA OUTREACH MINISTRIES, INC.**FILED****Apr 15, 2002 8:00 am**
Secretary of State

04-15-2002 90070 030 ****61.25

0038413

Principal Place of Business	Mailing Address
4629 SUNRISE BV DELRAY BEACH FL 33445	4629 SUNRISE BV DELRAY BEACH FL 33445

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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 RAMSEY, SHIRLEY
4629 SUNRISE BV
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 type="checkbox"/> Delete
NAME	FULLER RAMSEY, SHIRLEY	
STREET ADDRESS	4629 SUNRISE BV	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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 type="checkbox"/> Delete
NAME	WALLACE, GISELDA M	
STREET ADDRESS	230 SW 5 AV	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)