2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004278

1. Entity Name
RHEMA OUTREACH MINISTRIES, INC.

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

07012005 No Chg-NP CR2E037 (10/03)

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FULLER RAMSEY, SHIRLEY
STREET ADDRESS	4629 SUNRISE BV
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	DS
NAME	MILLER, OTELIA F
STREET ADDRESS	5783 SE MERCEDES AVE.
CITY-ST-ZIP	STUART, FL 34997
TITLE	DT
NAME	WALLACE, GIRSELDA M
STREET ADDRESS	230 SW 5 AV
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	D
NAME	CUMMINGS, JENNIFER
STREET ADDRESS	6140 45TH ST.
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	D
NAME	WALTON, PAMELA D
STREET ADDRESS	4518 SE SALVATORI RD.
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	DAVIS, MATTIE F
STREET ADDRESS	908 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP	STUART, FL 34994

UD0000371370
07/07/05-80016-004 70.00

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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 7-1-05 561-6386648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #