

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004278	
1. Entity Name RHEMA OUTREACH MINISTRIES, INC.	

Principal Place of Business 4629 SUNRISE BV DELRAY BEACH, FL 33445	Mailing Address 4629 SUNRISE BV DELRAY BEACH, FL 33445
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03262006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 95-6077168	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$6.75 Additional Fee Required	

8. Name and Address of Current Registered Agent FULLER RAMSEY, SHIRLEY 4629 SUNRISE BV DELRAY BEACH, FL 33445

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IN THIS SPACE**

9. 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **3/26/06** **561-638-1648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #