

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 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**

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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, GISELDA 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

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04/11/07-80061-022 70.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #