


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

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N97000004278<br>1. Entity Name<br>RHEMA OUTREACH MINISTRIES, INC. |  |
|--|---|

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|--|--|
| Principal Place of Business<br>4629 SUNRISE BV<br>DELRAY BEACH, FL 33445 | Mailing Address<br>4629 SUNRISE BV<br>DELRAY BEACH, FL 33445 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03252007 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>95-6077168  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> 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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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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>FULLER RAMSEY, SHIRLEY<br>4629 SUNRISE BV<br>DELRAY BEACH, FL 33445 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MILLER, OTELIA F<br>5783 SE MERCEDES AVE.<br>STUART, FL 34997       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>WALLACE, GIRSELDA M<br>230 SW 5 AV<br>DELRAY BEACH, FL 33444        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CUMMINGS, JENNIFER<br>6140 45TH ST.<br>VERO BEACH, FL 32967          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WALTON, PAMELA D<br>4518 SE SALVATORI RD.<br>STUART, FL 34997        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIS, MATTIE F<br>908 MARTIN LUTHER KING BLVD.<br>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:** Shirley Fuller Ramsey 4/2/07 561-128-1648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #