

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004278

FILED  
May 21, 2008  
Secretary of State

**Entity Name:** RHEMA OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

4629 SUNRISE BV  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4629 SUNRISE BV  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 95-6077168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FULLER RAMSEY, SHIRLEY  
4629 SUNRISE BV  
DELRAY BEACH, FL 33445      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: FULLER RAMSEY, SHIRLEY  
Address: 4629 SUNRISE BV  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DS      ( ) Delete  
Name: MILLER, OTELIA F  
Address: 5783 SE MERCEDES AVE.  
City-St-Zip: STUART, FL 34997

Title: DT      ( ) Delete  
Name: WALLACE, GIRSELDA M  
Address: 230 SW 5 AV  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D      ( ) Delete  
Name: CUMMINGS, JENNIFER  
Address: 6140 45TH ST.  
City-St-Zip: VERO BEACH, FL 32967

Title: D      ( ) Delete  
Name: WALTON, PAMELA D  
Address: 4518 SE SALVATORI RD.  
City-St-Zip: STUART, FL 34997

Title: D      (X) Delete  
Name: DAVIS, MATTIE F  
Address: 908 MARTIN LUTHER KING BLVD.  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY FULLER-RAMSEY

D/P

05/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date