

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0005951

DOCUMENT # N98000005131

1. Corporation Name

REHABILITATION THE CHRISTIAN WAY, INC.

Principal Place of Business

Mailing Address

4011 36TH CT., #2B
 ATTN: TAMI WILKINS
 -W. PALM BEACH, FL 33407

4011 36TH CT., #2B
 ATTN: TAMI WILKINS
 W. PALM BEACH, FL 33407



REINSTATEMENT

099-00

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0857263

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASHINGTON, LYNN C
 701 BRICKELL AVE., STE. 3000
 MIAMI FL 33131

81 Name Tammi Underwood Wilkins
 82 Street Address (Post Box Number is Not Acceptable) 4011 36th ct #2-B
 83
 84 City West Palm Beach FL 85 Zip Code 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Tammi Underwood Wilkins Founder/Director Tammi Underwood Wilkins Founder/Director 2/25/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE Trustee	<input type="checkbox"/> DELETE
NAME Verona Matthews	
STREET ADDRESS 4013 Temple St	
CITY-ST-ZIP West Palm Beach, Fla 33407	
TITLE Trustee	<input type="checkbox"/> DELETE
NAME Ron Nixkle	
STREET ADDRESS 5334 Bosque Lane	
CITY-ST-ZIP West Palm Beach, Fla 33415	
TITLE Trustee	<input type="checkbox"/> DELETE
NAME Alvin Nagans	
STREET ADDRESS 1338 8th Street	
CITY-ST-ZIP West Palm Beach, Fla 33401	
TITLE Director	<input type="checkbox"/> DELETE
NAME Tammi Underwood Wilkins	
STREET ADDRESS 4011 36th ct #2-B	
CITY-ST-ZIP West Palm Beach, Fla 33407	
TITLE Director	<input type="checkbox"/> DELETE
NAME Tracy M. Wilkins	
STREET ADDRESS 4011 36th ct #2-B	
CITY-ST-ZIP West Palm Beach, Fla 33407	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000003215250-6
1.3 STREET ADDRESS	-04/13/00--01099--008
1.4 CITY-ST-ZIP	****297.50 ****297.50
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammi Underwood Wilkins Founder/Director 2/25/00 561-365-2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

LS