

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

DOCUMENT # N98000005131

1. Corporation Name

REHABILITATION THE CHRISTIAN WAY, INC.

Principal Place of Business

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

Mailing Address

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



REINSTATEMENT

099-00

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

05-0857263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81

Name

82

Street Address (Post Box Number is Not Acceptable)

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 Nipke	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-365-2001

CR2E037 (5/99)

0005951