

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90353 043 ****61.25

0048795

DOCUMENT # N98000005131
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1233 45th street</i>	3. Mailing Address <i>1233 45th street</i>
Suite, Apt. #, etc. <i>A-6</i>	Suite, Apt. #, etc. <i>A-6</i>
City & State <i>West Palm Bch, Fla</i>	City & State <i>West Palm Beach</i>
Zip <i>33407</i>	Country <i>U.S.</i>

4. FEI Number 65-0857263	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNDERWOOD WILKINS, TAMMI
 4011 36TH COURT #2-B
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name *Sammi Underwood Wilkins*
 Street Address (P.O. Box Number is Not Acceptable)
1233 45th street Suite A6
 City *West Palm Beach* FL Zip Code *33407*

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.
 SIGNATURE *Sammi Underwood Wilkins* DATE *4/23/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, VERONA 4013 TEMPLE STREET WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINKLE, RON 5336 BOSQUE LANE WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGANS, ALVIN 1338 8TH STREET WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD WILKINS, TAMMI 4011 36TH COURT #2-B WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, TRACY M 4011 36TH COURT, #2-B WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Sammi Underwood Wilkins* DATE *4/23/01* DAYTIME PHONE # *561-739-2140*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)