

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000117

1. Entity Name

RHEMA EVANGELISTIC OUTREACH MINISTRIES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90932 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2927 W. AVERY ST.  
PENSACOLA FL 32505

P. O. BOX 4578  
PENSACOLA FL 32507-0578

2. Principal Place of Business

3. Mailing Address

2927 W. AVERY ST.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA, FL

Zip

Country

Zip

Country

32505

USA

4. FEI Number

59-3548880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYSHACK, DELORISE M  
2927 W. AVERY ST.  
PENSACOLA FL 32505

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 DELORISE M. MAYSHACK  
Signature, typed or printed name of registered agent and title if applicable.

Delorise M. Mayshack Pres. 4/28/00  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME PTD  
STREET ADDRESS MAYSHACK, DELORISE M  
CITY-ST-ZIP 2927 W. AVERY ST.  
PENSACOLA FL 32505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS KIDD, KATHY  
CITY-ST-ZIP 4270 BROOKSIDE DR.  
PENSACOLA FL 32503

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MAYSHACK, KENDRA L  
CITY-ST-ZIP 2927 W. AVERY ST.  
PENSACOLA FL 32505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SULLIVAN, VERA  
CITY-ST-ZIP 1938 GARY CIR.  
PENSACOLA FL 32505

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Delorise M. Mayshack / DELORISE M. MAYSHACK 4/28/00 (850) 438-5373  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)