

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000117

FILED
Apr 30, 2005
Secretary of State

Entity Name: RHEMA EVANGELISTIC OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2704 WEST AVERY STREET, STE. #6
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4578
PENSACOLA, FL 325070578

New Mailing Address:

FEI Number: 59-3548880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYSHACK, DELORISE M
2929 WEST AVERY STREET
PENSACOLA, FL 32505 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: PTD () Delete
Name: MAYSHACK, DELORISE M
Address: 2929 W. AVERY ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: GYNAN, SUZANNE M
Address: 123 RUE MAX STREET
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: PORTERFIELD, DONNA
Address: 5705 MIFFLIN AVENUE
City-St-Zip: PENSACOLA, FL 32526

Title: SD () Delete
Name: HOLLIDAY, ROSE M
Address: 1510 WEST GREGORY STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: MAYSHACK, KIA N
Address: 2929 W. AVERY ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: MAYSHACK, KENDRA L
Address: 25 LINCOLN ROAD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BALDWIN, MILLIE R
Address: 671 OLIVE RD. #3
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: PORTERFIELD, DONNA
Address: 610 NORTH
City-St-Zip: PENSACOLA, FL 32505

Title: SD (X) Change () Addition
Name: HOLLIDAY, ROSE M
Address: 190 N. OLD CORY FIELD ROAD #304
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Change () Addition
Name: JOHNSON, JOYCE F
Address: 5803 LOUISVILLE AVENUE
City-St-Zip: PENSACOLA, FL 32526

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DELORISE M. MAYSHACK

PTD

04/30/2005

Electronic Signature of Signing Officer or Director

Date