

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000117

FILED
May 02, 2003
Secretary of State

Entity Name: RHEMA EVANGELISTIC OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2929 W. AVERY ST.
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
2927 W. AVERY ST.
PENSACOLA, FL 32505

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: 2927 W. AVERY ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: HENDERSON, DOROTHY
Address: 2409 NORTH J STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: WEBSTER, JAMES E
Address: 614 EAST BELMONT
City-St-Zip: PENSACOLA, FL 32501

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

Title: D () Delete
Name: MAYSHACK, KIA N
Address: 2927 W. AVERY ST.
City-St-Zip: PENSACOLA, FL 32505

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: KENDRA L. MAYSHACK

D

05/02/2003

Electronic Signature of Signing Officer or Director

Date