

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012129

FILED
Mar 19, 2009
Secretary of State

Entity Name: RESOURCES FOR INTERCULTURAL EXCHANGE, INC.

Current Principal Place of Business:

6445 S. CHICKASAW TRAIL #281
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

6445 S. CHICKASAW TRAIL #281
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 20-2075337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 328320100 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: DP () Delete
Name: BEELER, DAVID L
Address: 6445 S. CHICKASAW TRAIL #281
City-St-Zip: ORLANDO, FL 32829

Title: DS () Delete
Name: HORSEY, DAVID G
Address: 6445 S. CHICKASAW TRAIL #281
City-St-Zip: ORLANDO, FL 32829

Title: DT () Delete
Name: HACKNEY, STEVEN J
Address: 6445 S. CHICKASAW TRAIL #281
City-St-Zip: ORLANDO, FL 32829

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVE L. BEELER

DP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date