2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004
Secretary of State

DOCUMENT# N93000005573

Entity Name: RELEASED MINISTRIES INC, INTERNATIONAL

Current Principal Place of Business:

6250 EDGEWATER DR
300/400
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5164 CONROY ROAD
#1523
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3206901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYWARD, RITA E
5164 CONROY ROAD #1523
ORLANDO, FL 32811 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:	STD	( ) Delete
Name:	HAYWARD, RITA E	
Address:	2413 MYRNA STREET	
City-St-Zip:	ORLANDO, FL 32839	
Title:	D	( ) Delete
Name:	BROWN, ROSIE	
Address:	4806 BALBOA DR.	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	MILLNER, SIBIL	
Address:	1115 DENTON RD	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	MILLNER, VANESSA	
Address:	1115 DENTON RD	
City-St-Zip:	WINTER PARK, FL 32792	

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:	

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: RITA HAYWARD STD 05/05/2004

Electronic Signature of Signing Officer or Director — Date