

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005573

FILED
May 20, 2008
Secretary of State

Entity Name: RELEASED MINISTRIES INC, INTERNATIONAL

Current Principal Place of Business:

3611 DARTFORD DRIVE
DAVENPORT, FL 33837 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 555217
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 59-3206901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAYWARD, RITA E
3611 DARTFORD DRIVE
DAVENPORT, FL 33837 US

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: 3611 DARTFORD DRIVE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: BROWN, ROSIE
Address: 2311 KINGSLAND AVE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: MILLNER, SYBIL
Address: 4864 LAKERIDGE RD
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: MILLNER, VANESSA
Address: 1115 DENTON RD
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: ZIGGLAR, FRANCIS
Address: 6250 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32810

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:

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: RITA HAYWARD, SECRETARY TREASURER

STD

05/20/2008

Electronic Signature of Signing Officer or Director

Date