2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N93000005573

Entity Name: RELEASED MINISTRIES INC, INTERNATIONAL

Current Principal Place of Business:

3611 DARTFORD DRIVE
DAVENPORT, FL 33837 US

New Principal Place of Business:

7611 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 US

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 ( )**

Name and Address of Current Registered Agent:

HAYWARD, RITA E
3611 DARTFORD DRIVE
DAVENPORT, FL 33837 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:	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	
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:	FOSTER, MERLE	
Address:	780 NORTHWEST 10TH STREET	
City-St-Zip:	OCALA, FL 34475	

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: R E HAYWARD, DIRECTOR STD 04/30/2009
Electronic Signature of Signing Officer or Director — Date