

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26097

**Entity Name:** RECIPROCAL MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

5475 LEE ST  
SUITE 301  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

5475 LEE ST  
SUITE 301  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 65-0062156

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSE, KIM JVP OPER  
5475 LEE ST  
SUITE 301  
LEHIGH ACRES, FL 33971 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

**Officer/Director Detail :**

Title PRES  
Name SHOEMAKER, DANIEL  
Address 2506 ELVA PL.  
City-State-Zip: LEHIGH ACRES FL 33971

Title CHAIRMAN  
Name OSBORNE, TIM  
Address 201 WOODBLUFF DRIVE  
City-State-Zip: LAFAYETTE FL 70503

Title O/D  
Name GARNER, JOHN  
Address 9020 SW 54 STREET  
City-State-Zip: COOPER CITY FL 33328

Title O/D  
Name SHOEMAKER, HERBERT  
Address 2201 RIVER REACH DR.  
City-State-Zip: NAPLES FL 34104

Title O/D  
Name MCDONALD, BARTOW  
Address 12250 EAST HIGHWAY 25  
City-State-Zip: OCKLAWTIA FL 32179

Title O/D  
Name GREGORY, GREG  
Address 4408 PIERCE STREET  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby 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 all other like empowered.*

**SIGNATURE: DANIEL SHOEMAKER**

**PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date