

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005573

Entity Name: RELEASED MINISTRIES INC, INTERNATIONAL**Current Principal Place of Business:**2860 GRACE STREET
APOPKA, FL 32703**Current Mailing Address:**PO BOX 555217
ORLANDO, FL 32855 US**FEI Number:** 59-3206901**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	STD
Name	HAYWARD, RITA E
Address	3611 DARTFORD DRIVE
City-State-Zip:	DAVENPORT FL 33837

Title	D
Name	BROWN, ROSIE
Address	2311 KINGSLAND AVE
City-State-Zip:	ORLANDO FL 32808

Title	D
Name	MILLNER, SYBIL
Address	4864 LAKERIDGE RD
City-State-Zip:	ORLANDO FL 32810

Title	D
Name	MILLNER, VANESSA
Address	1115 DENTON RD
City-State-Zip:	WINTER PARK FL 32792

Title	D
Name	ZIGGLAR, FRANCIS
Address	6250 EDGEWATER DRIVE
City-State-Zip:	ORLANDO FL 32810

Title	D
Name	FOSTER, MERLE
Address	780 NORTHWEST 10TH STREET
City-State-Zip:	OCALA FL 34475

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: RITA HAYWARD

STD

05/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date