


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # N01000003527	
Entity Name RIDINGS MINISTRIES INTERNATIONAL INC.	

Principal Place of Business 600 RINEHART RD LAKE MARY, FL 32746	Mailing Address P. O. BOX 951616 LAKE MARY, FL 32795
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3460197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIDINGS, HOWARD J 600 RINEHART RD. LAKE MARY, FL 32746
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RIDINGS, HOWARD J
STREET ADDRESS	P.O. BOX 951616
CITY-ST-ZIP	LAKE MARY, FL 327951616
TITLE	ST
NAME	RIDINGS, ROSELLA
STREET ADDRESS	P.O. BOX 951616
CITY-ST-ZIP	LAKE MARY, FL 327951616
TITLE	D
NAME	FERRELL, JAMES F DR
STREET ADDRESS	649 PENINSULAR DRIVE
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000792376
01/24/08-80005-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **President** 1/11/08 407/712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3757