2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000729

Entity Name: RESCUE MINISTRIES INTERNATIONAL, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

140 LAKE BONNIE DRIVE EAST 5318 RIVER ROCK ROAD LAKELAND, FL 33801 LAKELAND, FL 33809

Current Mailing Address: New Mailing Address:

P.O. BOX 90791

LAKELAND, FL 338040791 US

FEI Number: 03-0499047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DEL ROSARIO, HERMEL DEL ROSARIO, HERMEL 140 LAKE BONNIE DR. EAST 5318 RIVER ROCK ROAD LAKELAND, FL 33801 LAKELAND, FL 33809

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: HERMEL DEL ROSARIO 04/15/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

REV (X) Change () Addition () Delete DEL ROSARIO, HERMEL DEL ROSARIO, HERMEL Name: Name: 140 LAKE BONNIE DR. E Address: 5318 RIVER ROCK ROAD Address:

City-St-Zip: LAKELAND, FL 338010791 US City-St-Zip: LAKELAND, FL 33809 US

Title: REV () Delete Title: (X) Change () Addition Name: DEL ROSARIO, LESLIE Name: DEL ROSARIO, LESLIE Address: 140 LAKE BONNIE DR. E. Address: 5318 RIVER ROCK ROAD City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33809

Title: () Delete Title: () Change () Addition

MITCHELL, LARRY Name: Name: 4320 OLD COLONY RD. Address: Address: City-St-Zip: MULBERRY, FL 33860 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: HERMEL DEL ROSARIO REV. 04/15/2008