


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90319 041 ****70.00

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| DOCUMENT # N03000002195 |  |
| 1. Entity Name ROYAL HARVEST EVANGELISTIC MINISTERIAL ASSOCIATION INTERNATIONAL, INC. | |

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| Principal Place of Business RT 6 BOX 1493 HWY 441 S LAKE CITY, FL 32025 | Mailing Address P.O. BOX 2222 LAKE CITY, FL 32056 |
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| 2. Principal Place of Business 5174 South U.S. Hwy 441 | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Lake City, Florida | City & State |
| Zip 32025 | Country U.S.A. |




04072004 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 42-1581506 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KARPINSKI, KENNETH J RT 6 BOX 1493 LAKE CITY, FL 32025 | |
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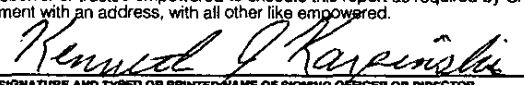
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| 7. Name and Address of New Registered Agent Name Karpinski, Kenneth J. Street Address (P.O. Box Number is Not Acceptable) 5174 South U.S. Hwy 441 City Lake City, State FL Zip Code 32025 | |
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| 8. 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  Kenneth J. Karpinski | Date 04-27-2004 |

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD KARPINSKI, KENNETH J RT 6 BOX 1493 HWY 441 S LAKE CITY, FL 32025 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD KARPINSKI, BARBARA D RT 6 BOX 1493 HWY 441 S LAKE CITY, FL 32025 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HERRING, JOAN M 4000 NW 51ST ST APT A-14 GAINSVILLE, FL 32606 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Lilianna Howard 1284 N.W. Labonte Lane Lake City, Florida 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lola Newman 448 S.W. Legree Terrace Ft. White, Florida 32038 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cheryl N. Schuster 162 S.E. Montgomery Place Lake City, Florida 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Kenneth J. Karpinski | Date 04-27-2004 Daytime Phone # (847) 54-5040 |