


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90059 012 \*\*\*\*61.25

<b>DOCUMENT # N04000003200</b> 1. Entity Name <b>RECOVERY ZONE MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>5640 TIMQUANA RD #6 JACKSONVILLE, FL 32210</b>			Mailing Address <b>7421 LAVENTURA DR S JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business <b>5640 Timuquana Road</b> Suite, Apt. #, etc. <b>#6</b>			3. Mailing Address Suite, Apt. #, etc. 		
City & State <b>Jacksonville Florida</b>			City & State 		
Zip <b>32210</b>		Country <b>DUAL</b>		4. FEI Number <b>45-0539399</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ROBINSON, ERNEST L 7421 LAVENTURA DR S JACKSONVILLE, FL 32210</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <u><i>Ernest L. Robinson</i></u> <span style="float: right;">1/23/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBINSON, APOSTLE E</b> <b>7421 LAVENTURA DR S</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ROBINSON, MALINDA</b> <b>7421 LAVENTURA DR S</b> <b>JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GAINEY, SANDRA</b> <b>8650 GREAT PINE NW</b> <b>JACKSONVILLE, FL 32244</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DASSIE, MARY</b> <b>1452 ELLIS TRACE DR W</b> <b>JACKSONVILLE, FL 32205</b>	<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			
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: <u><i>Sandra J. Gaine</i></u> <span style="float: right;">1/23-05 904 62-1993</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50006467**



01182005 Chg-NP CR2E037 (10/03)