


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 012 ****61.25

DOCUMENT # N04000003200 1. Entity Name RECOVERY ZONE MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 2015 PRING AVE JACKSONVILLE, FL 32208			Mailing Address 7421 LAVENTURA DR S JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		03212007 Chg-NP CR2E037 (12/06)
4. FEI Number 45-0539399				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, ERNEST L 7421 LAVENTURA DR S JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Sandra J. Gainey Street Address (P.O. Box Number is Not Acceptable) 8650 GreatPine Lane West City Jacksonville FL Zip Code 32244		
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>Sandra J. Gainey</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/25/07</u> <small>NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, APOSTLE E <input checked="" type="checkbox"/> Delete 7421 LAVENTURA DR S JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Sandra J Gainey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8650 GreatPine Lane W Jacksonville, FL 32244		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBINSON, MALINDA <input checked="" type="checkbox"/> Delete 7421 LAVENTURA DR S JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Mary Dassie Byndon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1452 Ellis Trace Dr Jacksonville, FL 32205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAINEY, SANDRA <input type="checkbox"/> Delete 8650 GREAT PINE NW JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Clifford Byndon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1452 Ellis Trace Dr		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DASSIE, MARY <input type="checkbox"/> Delete 1452 ELLIS TRACE DR W JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Twyla W Gainey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10106 Arrow Head Dr # 4 Jacksonville, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Sandra J. Gainey</u> <u><i>Sandra J. Gainey</i></u> <u>3/25/07</u> <u>904 303-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					