2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # N0700002615 1. Entity Name RACHEL RENEE' MINISTRIES, INC.							04-09-2008 9	90035 02:	2 ****70.	00	
1123 PALISADES DRIVE				Mailing Address 1123 PALISADES DRIVE JACKSONVILLE, FL 32221			A I I RECEIVED ON A	EDIN IFON BUSH 90IN OO	II Be iii Beiia ia	ELE JUIZI VI EV EV	ANTA DI 1800
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04012008	Chg-NP	CR2E0	37 (12/06)	,
City & State			City & State				4. FEI Number	r	•		oplied For ot Applicable
Zip		Country	Zip		Сол	untry	<u> </u>	of Status Desired		\$8.75 Add Fee Require	litional d
	6. Name	and Address of Current	t Registere	d Agent			7. Name and	Address of New F	tegistered A	Agent	
CORPORATION SERVICE COMPANY						Name					
1201 HAYS STREET TALLAHASSEE, FL 32301						Street Address	dress (P.O. Box Number is Not Acceptable)				
	•									1 "	
						City			FL	Zip Cod	
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Flo	orida. 1 am	familiar with,	and accept
SIGNATURE											:
orda v i orac	Signature, typed	or printed name of registered agen	nt and title it app	licable. (NOTE	- Penistere	d Agent signature require	ed when reinstation)		DATE		
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12. I hereby certify that the information supplied with this filling 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:

Whele S. Gray

SENTER AND TYPED OR PRINTED NAME OF SEGUING OFFICER OR DIRECTOR

4-1-08

904-695-9500 Davime Phone #