# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# N07000008810

**Entity Name:** REBUILD INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

360 ROB ROY DRIVE
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

360 ROB ROY DRIVE
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number: 26-1112435** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CUENCA, RAMEL G REV
360 ROB ROY DRIVE
CLERMONT, FL 34711 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CUENCA, RAMEL G REV.
Address: 360 ROB ROY DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: CUENCA, MELCHOR B DR.
Address: 3280 ROCHAMBEAU AVE 4I
City-St-Zip: BRONX, NY 10467

Title: DIR ( ) Delete
Name: CUENCA, EVELYN C
Address: 450 WAYNE AVE
City-St-Zip: BRONX, NY 10467

Title: DIR ( ) Delete
Name: GANCAYCO, CRISTY R
Address: 44 LANE
City-St-Zip: YONKERS, NY 10701

Title: DIR ( ) Delete
Name: RIVERA, PAULYN JOY
Address: 3280 ROCHAMBEAU 5K
City-St-Zip: BRONX, NY 10467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RAMEL G. CUENCA REV 04/29/2009

Electronic Signature of Signing Officer or Director — Date