

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000197

FILED
Apr 21, 2009
Secretary of State

Entity Name: REALITYLIVE MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

2597 RICHARDSON ROAD
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 115
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 77-0706281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FELIX, DALE C
2597 RICHARDSON ROAD
BARTOW, FL 33830 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: PCEO () Delete
Name: FELIX, DALE C
Address: PO BOX 115
City-St-Zip: EAGLE LAKE, FL 33839

Title: D () Delete
Name: HARPE, ANGELA C
Address: 350 LAKEWOOD DR #255
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: HARPE, DREW A
Address: 350 LAKEWOOD DR #255
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: KNIGHT-MILLER, PATRICIA
Address: 3981 LAKE NED VILLAGE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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: D (X) Change () Addition
Name: KNIGHT-MILLER, PATRICIA
Address: 3981 LAKE NED VILLAGE CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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: DALE C. FELIX

PCEO

04/21/2009

Electronic Signature of Signing Officer or Director

Date