

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011338

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6 VALENCIA COURT  
PALM COAST,, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

6 VALENCIA COURT  
PALM COAST,, FL 32137

**New Mailing Address:**

**FEI Number:** 31-1823338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HILL, LENORE A DR.  
39 SHINNECOCK DRIVE  
PALM COAST, FL 32137 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: PRES ( ) Delete  
Name: LUSINSKI, BRYGITTE L PH.D.  
Address: 6 VALENCIA COURT  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: LUSINSKI, CHARLIE  
Address: 6 VALENCIA COURT  
City-St-Zip: PALM COAST, FL 32137

Title: SEC ( ) Delete  
Name: HILL, LENORE A PH.D.  
Address: 39 SHINNECOCK DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DR. (X) Change ( ) Addition  
Name: LUSINSKI, BRYGITTE L PH.D.  
Address: 6 VALENCIA COURT  
City-St-Zip: PALM COAST, FL 32137

Title: MR. (X) Change ( ) Addition  
Name: LUSINSKI, CHARLIE  
Address: 6 VALENCIA COURT  
City-St-Zip: PALM COAST, FL 32137

Title: DR (X) Change ( ) Addition  
Name: HILL, LENORE A PH.D.  
Address: 39 SHINNECOCK DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: MRS ( ) Change (X) Addition  
Name: ZIAJKO, DONNA MRS.  
Address: 45 RYARBOR DR.  
City-St-Zip: PALM COAST, FL 32164

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:** BRYGITTE LUSINSKI

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date