FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:16

DOCUMENT # **N26097** **(8)**

1. Corporation Name

RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
14540 S.W. 136 ST SUITE 208 MIAMI FL 33186 US	RECOPROCAL MINISTRIES INT'L 3900 NW 79TH AVE. STE 322 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 02/01/1994
4. FEI Number: 65-0062156 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 14540 SW. 136 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 208
City & State 23	City & State 28 MIAMI, FL
Zip 24 / Country 25	Zip 29 33186 / Country 30 USA

9. Name and Address of Current Registered Agent

MORGAN, CHARLES O.
1300 N.W. 167TH STREET
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, HERBERT L.	12 NAME	
STREET ADDRESS	11020 S.W. 174TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	N/A ☑ Change ☐ Addition
NAME	SHOEMAKER, DANIEL L.	22 NAME	
STREET ADDRESS	C/O MIF BOX 15665	23 STREET ADDRESS	C/O MFI - DAN SHOEMAKER, HAITI, MEBSH
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	WEST PALM BEACH, FL 33416
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CARLSON, DAVID	32 NAME	
STREET ADDRESS	35460 DONALD COURT	33 STREET ADDRESS	
CITY-ST-ZIP	INGLESIDE IL	34 CITY-ST-ZIP	
TITLE	DC	41 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, LARRY	42 NAME	
STREET ADDRESS	608 ASHLEY CT.	43 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☑ Change ☐ Addition
NAME	HERRING, CARLYLE	52 NAME	
STREET ADDRESS	P.O. DRAWER 472	53 STREET ADDRESS	
CITY-ST-ZIP	MT. OLIVE NC NC 28365	54 CITY-ST-ZIP	Mt. Olive, NC 28365
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, LEE	62 NAME	
STREET ADDRESS	101 SLEEPY HOLLOW	63 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND VILLAGE TX 75067	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above/on an attachment with an address.

SIGNATURE: _____ 4/7/95 (305) 232-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0043960