FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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	14540 S. W. 136 ST. SUITE 208 MIAMI FL 33186 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 04/26/1988	3a. Date of Last Report 04/12/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, HERBERT L.	1.2 NAME	
STREET ADDRESS	11020 S.W. 174TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, DANIEL L.	2.2 NAME	
STREET ADDRESS	C/O MFI-DANSHOEMAKER, HAITI, MEBSH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, DAVID	3.2 NAME	
STREET ADDRESS	35460 DONALD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	INGLESIDE IL	3.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, LARRY	4.2 NAME	000001795510
STREET ADDRESS	608 ASHLEY CT.	4.3 STREET ADDRESS	-04/26/96--01014--035
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	***61.25
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	~~HERRING, CARLYLE~~	5.2 NAME	
STREET ADDRESS	P.O. DRAWER 472 1120 No. Breazeale Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT. OLIVE NC 28365	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, LEE	6.2 NAME	AEP
STREET ADDRESS	101 SLEEPY HOLLOW	6.3 STREET ADDRESS	4-25-96
CITY-ST-ZIP	HIGHLAND VILLAGE TX 75067	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Herbert L Shoemaker 4/12/96 305-233-9805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)