FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 20 1998 8:00am
Secretary of State

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

3. Date Incorporated or Qualified: 04/26/1988

4. FEI Number: 65-0062156 ☐ Applied For ☐ Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	LARRY SMITH	
STREET ADDRESS	11020 S.W. 174TH TERRACE		1.3 STREET ADDRESS	121 BELLAIRE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	LAFAYETTE, LA 70503	
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	DC	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CARLSON, DAVID		3.2 NAME	Dave Carlson's Address to:-	
STREET ADDRESS	✓ 35460 DONALD COURT		3.3 STREET ADDRESS	* 35408 Donald Court	
CITY-ST-ZIP	INGLESIDE IL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLOUGH, LARRY		4.2 NAME		
STREET ADDRESS	P.O. BOX 93 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNDEN WA		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HERRING, CARLYLE		5.2 NAME		
STREET ADDRESS	1120 NORTH BREAZEALE AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. OLIVE NC 28365		5.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM, LEE		6.2 NAME		
STREET ADDRESS	101 SLEEPY HOLLOW		6.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND VILLAGE TX		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/8/97 305 233 9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #