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03-04-1999 90181 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26097

1. Corporation Name

RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/26/1988

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SHOEMAKER, HERBERT L.**
STREET ADDRESS **11020 S.W. 174TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **SHOEMAKER, DANIEL L.**
STREET ADDRESS **C/O MFI-DANSHOEMAKER, HAITI, MEBSH**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **DC** ☒ DELETE
NAME **CARLSON, DAVID**
STREET ADDRESS **35408 DONALD COURT**
CITY-ST-ZIP **INGLESIDE IL**

TITLE **D** ☐ DELETE
NAME **MCCULLOUGH, LARRY**
STREET ADDRESS **P.O. BOX 93 N/A**
CITY-ST-ZIP **LYNDEN WA**

TITLE **TD** ☐ DELETE
NAME **HERRING, CARLYLE**
STREET ADDRESS **1120 NORTH BREAZEALE AVENUE**
CITY-ST-ZIP **MT. OLIVE NC 28365**

TITLE **DS** ☐ DELETE
NAME **WILLIAM, LEE**
STREET ADDRESS **101 SLEEPY HOLLOW**
CITY-ST-ZIP **HIGHLAND VILLAGE TX**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **SMITH, LARRY**
3.4 CITY-ST-ZIP **248 SMITH REED ROAD**
LAFAYETTE, LA 70507

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **P.O. BOX 4569**
4.4 CITY-ST-ZIP **BLAINE, WA 98231**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **P.O. BOX 599**
5.4 CITY-ST-ZIP **MT. OLIVE, NC 28365**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99

305-233-9903

Date Daytime Phone #

CR2E037 (1/98)