2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# N26097

Entity Name: RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0062156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHOEMAKER, HERBERT L PRES
11020 SW 174 TERRACE
MIAMI, FL 33157 US

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: HERBERT L SHOEMAKER 02/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHOEMAKER, HERBERT L
Address: 11020 S.W. 174TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: SHOEMAKER, DANIEL L
Address: MFI -MEBSH/HAITI BOX 15665
City-St-Zip: WEST PALM BEACH, FL 33416

Title: O/D ( ) Delete
Name: SMITH, LARRY
Address: 248 SMITH REED RD.
City-St-Zip: LAFAYETTE, LA 70507

Title: O/D ( ) Delete
Name: LITTLE, THOMAS
Address: 14286 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912

Title: O/D ( ) Delete
Name: BYRD, BILL
Address: 13200 SW 28TH CT.
City-St-Zip: DAVIE, FL 33330

Title: O/D ( ) Delete
Name: HERRING, CARLYLE
Address: 1327 WHITE FLASH RD.
City-St-Zip: MOUNT OLIVE, NC 28365

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HERBERT L SHOEMAKER P 02/07/2005
Electronic Signature of Signing Officer or Director Date