

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26097

FILED
Apr 11, 2007
Secretary of State

Entity Name: RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

5471 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

5475 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

Current Mailing Address:

5471 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

New Mailing Address:

5475 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

FEI Number: 65-0062156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ROBERT
5471 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

THOMPSON, ROBERT
5475 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 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: ROBERT THOMPSON

04/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHOEMAKER, HERBERT L
Address: 2201 RIVER RANCH DR
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: SHOEMAKER, DANIEL L
Address: 2506 ELVA PL
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: O/D () Delete
Name: TRUELSON, DAVE
Address: 1112 OAFORD LN
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

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: PRES (X) Change () Addition
Name: SHOEMAKER, DANIEL
Address: 2506 ELVA PL.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: O/D (X) Change () Addition
Name: SHOEMAKER, HERBERT
Address: 2201 RIVER REACH DR.
City-St-Zip: NAPLES, FL 34104

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 Chapter 119, 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: ROBERT THOMPSON

VP

04/11/2007

Electronic Signature of Signing Officer or Director

Date