

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26097

FILED
Feb 23, 2010
Secretary of State

Entity Name: RECIPROCAL MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

5475 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

5475 LEE ST
SUITE 301
LEHIGH ACRES, FL 33971 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:

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

Name and Address of New Registered Agent:

ROSE, KIM J VP OPER
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: KIM J ROSE

02/23/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SHOEMAKER, DANIEL
Address: 2506 ELVA PL.
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: O/D
Name: GREGOR, GREGORY
Address: 4408 PIERCE ST.
City-St-Zip: HOLLYWOOD, FL 33021

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANIEL SHOEMAKER

PRES

02/23/2010

Electronic Signature of Signing Officer or Director

Date