

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 08, 2011**  
**Secretary of State**

DOCUMENT# N26097

**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:**ROSE, KIM J VP OPER  
5475 LEE ST  
SUITE 301  
LEHIGH ACRES, FL 33971 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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 US

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

Title: O/D  
Name: OSBORNE, TIM  
Address: 201 WOODBLUFF DRIVE  
City-St-Zip: LAFAYETTE, FL 70503 US

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

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: KIM J. ROSE

VP

04/08/2011

Electronic Signature of Signing Officer or Director

Date