

FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90015 003 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

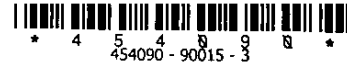


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41600

1. Corporation Name

RECONCILIATION MINISTRIES INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2968 WHIRLAWAY TRAIL
TALLAHASSEE FL 32308
US

2968 WHIRLAWAY TRAIL
TALLAHASSEE FL 32308



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/10/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3051893

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALONE, DIANA
2968 WHIRLAWAY TRAIL
TALLAHASSEE FL 32308

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BERNHART, MARGARET
STREET ADDRESS 6512 MAN O' WAR TR
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P/D

FRANK RYAN

2957 NO. DUMBERLAND DR.

TALLAHASSEE, FL 32308

☐ Change

☒ Addition

TITLE SD ☒ DELETE

NAME MATTICK, BARBARA
STREET ADDRESS 6605 MAN O' WAR TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S/D

SAMANTHA TACKETT

2523-C OLD BAINBRIDGE RD.

TALLAHASSEE, FL 32303

☐ Change

☒ Addition

TITLE PTD ☒ DELETE

NAME STEWART, JOHN
STREET ADDRESS 7101 CARMEL DR.
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

T/D

LISA BELL

6512 MAN O' WAR TRAIL

TALLAHASSEE, FL 32308

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

CR2E037 (11/98)