2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N41600

Entity Name: RECONCILIATION MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

6512 MAN O WAR TRAIL
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 13632
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-3051893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNHART, MARGARET E
6512 MAN O WAR TRAIL
TALLAHASSEE, FL 32309 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: PD ( ) Delete
Name: BERNHART, MARGARET
Address: 6512 MAN O WAR TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: CORREDOR, CATHY
Address: 2509 DEBDEN COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: CD ( ) Delete
Name: RYLL, FRANK
Address: 4035 DEVLIN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete
Name: MARTIN, RAY
Address: 7990 HUNTERS GROVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD ( ) Delete
Name: MULLINS, ANDREW
Address: 3233 EARL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: SD (X) Change ( ) Addition
Name: MARTIN, RAY
Address: 7990 HUNTERS GROVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change ( ) Addition
Name: MULLINS, ANDREW
Address: 3233 EARL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: MARGARET E. BERNHART PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date