

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41600

FILED
May 01, 2008
Secretary of State

Entity Name: RECONCILIATION MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

7136 UPLAND GLADE
TALLAHASSEE, FL 32312 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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BERNHART, MARGARET E
7136 UPLAND GLADE
TALLAHASSEE, FL 32312 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: 7136 UPLAND GLADE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: VPD () 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: VCD (X) Change () Addition
Name: KAREN, GIBBONS
Address: 2257 TUSCAVILLA ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD (X) Change () Addition
Name: HAGUE, BETSY
Address: 3792 LOMA FARM ROAD
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET E. BERNHART

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date