

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005664

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: THE MINISTRY OF RECONCILIATION INC.

**Current Principal Place of Business:**

900 W 49 ST  
STE 532  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

8306 SW 10TH TERRACE  
MIAMI, FL 33144 US

**Current Mailing Address:**

900 W 49 ST  
STE 532  
HIALEAH, FL 33012 US

**New Mailing Address:**

8306 SW 10TH TERRACE  
MIAMI, FL 33144 US

FEI Number: 65-0458787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, LEONI  
3180 NW 98 ST  
MIAMI, FL 33147 US

**Name and Address of New Registered Agent:**

WILSON, LEONI  
475 E 19TH STREET  
HIALEAH, FL 33013 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:

04/24/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILSON, LEONI  
Address: 475 E 19TH ST  
City-St-Zip: HIALEAH, FL 33013

Title: T ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: 900 W 49 ST  
City-St-Zip: HIALEAH, FL 33012

Title: T ( ) Delete  
Name: PEREZ, MARGARITA  
Address: 514 EAST 17 STREET  
City-St-Zip: HIALEAH, FL 33147

**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:

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: LEONI E. WILSON

DIR

04/24/2005

Electronic Signature of Signing Officer or Director

Date