

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

6-14-96 B-1906 MC

DOCUMENT # N94000000973 (7)

1. Corporation Name

RECONCILED LIVING MINISTRIES, INC.



Principal Place of Business

P. O. BOX 470493
MIAMI FL 33247

Mailing Address

P. O. BOX 470493
MIAMI FL 33247

3. Date Incorporated or Qualified
02/25/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 674 NW 62nd Street

26

4. FEI Number

65-0472006

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Miami, FL

27 City & State

23 Zip
33150

Country

28 Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYLE, ANGEL C
1897 NW 151ST STREET
OPA LOCKA FL 33054

81 Name
Angel C. Gayle

82 Street Address (P.O. Box Number is Not Acceptable)
674 NW 62nd Street

83

84 City
Miami,

FL

85 Zip Code
33150

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

Angel C. Gayle, Vice Pres.

Angel C. Gayle Vice Pres. 5/31/96

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP
NAME GAYLE, KARL R.
STREET ADDRESS 1897 NW 151ST STREET
CITY-ST-ZIP OPA LOCKA FL

11 TITLE DCP
12 NAME Gayle, Karl R.
13 STREET ADDRESS 674 NW 62nd Street
14 CITY-ST-ZIP Miami, FL 33150

TITLE DV
NAME GAYLE, ANGEL C.
STREET ADDRESS 1897 NW 151ST STREET
CITY-ST-ZIP OPA LOCKA FL

21 TITLE V
22 NAME Gayle, Angel C.
23 STREET ADDRESS 674 NW 62nd Street
24 CITY-ST-ZIP Miami, FL 33150

TITLE D
NAME HENRY, ZADOC
STREET ADDRESS 81 N. W. 189TH STREET
CITY-ST-ZIP MIAMI FL 33169

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME BROWN, CHRISTINE
STREET ADDRESS 2930 NW 161ST STREET
CITY-ST-ZIP OPA LOCKA FL

41 TITLE D
42 NAME Stubbs, Kent
43 STREET ADDRESS 237 NW 48th Street
44 CITY-ST-ZIP Miami, FL 33127

TITLE D
NAME RINGLING, JULIUS C. J
STREET ADDRESS 1897 NW 151ST STREET
CITY-ST-ZIP OPA LOCKA FL

51 TITLE D
52 NAME Knowles, Darlene
53 STREET ADDRESS 47 NW 68th Terrace
54 CITY-ST-ZIP Miami, 33150

TITLE ST
NAME JOHNSON, DEMETRIA Y.
STREET ADDRESS 1955 NW 5TH PLACE, #11
CITY-ST-ZIP MIAMI FL

61 TITLE D
62 NAME Hesaire St. Arre
63 STREET ADDRESS 1255 NW 17th Avenue
64 CITY-ST-ZIP North Miami, FL 33167

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Karl R. Gayle, President

5/31/96

(305) 758-5214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)