FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 26 PM 3:34

DOCUMENT # N94000000973

1. Corporation Name
RECONCILED LIVING MINISTRIES, INC.

Principal Place of Business	Mailing Address
674 NW 62ND STREET MIAMI FL 33150 US	P. O. BOX 470493 MIAMI FL 33247

REINSTATEMENT 98-99

2. Principal Place of Business 21 12800 NE 6th Avenue	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0472006 ☐ Applied For ☐ Not Applicable
City & State 23 North Miami, FL	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33161 25 Dade	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GAYLE, ANGEL C 674 NW 62ND STREET MIAMI FL 33150	81 Name: Angel C. Gayle 82 Street Address (P.O. Box Number is Not Acceptable): 12800 NE 6th Avenue 83 84 City: North Miami FL 85 Zip Code: 33161

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 DATE 9/30/99
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	DCP	☒ Change ☐ Addition
NAME	GAYLE, KARL R.		1.2 NAME	GAYLE, Karl R.	
STREET ADDRESS	674 NW 62ND ST		1.3 STREET ADDRESS	12800 NE 6th Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	North Miami, FL	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GAYLE, ANGEL C.		2.2 NAME	GAYLE, Angel C.	
STREET ADDRESS	674 NW 62ND ST		2.3 STREET ADDRESS	12800 NE 6th Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	North Miami	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STUBBS, KENT		3.2 NAME	600003035386--0	
STREET ADDRESS	237 NW 48TH ST		3.3 STREET ADDRESS	-11/04/99--01075--023	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	*****297.50 *****297.50	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TAYLOR, DEBORAH		4.2 NAME	MACKEY, Earnestine	
STREET ADDRESS	2411 NW 170THH ST.		4.3 STREET ADDRESS	18451 NW 37th Avenue #284	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RINGLING, JULIUS C. J		5.2 NAME		
STREET ADDRESS	1897 NW 151ST STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL		5.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	6.1 TITLE	ST	☒ Change ☐ Addition
NAME	JOHNSON, DEMETRIA Y.		6.2 NAME	Demetria Y. Johnson	
STREET ADDRESS	1955 NW 5TH PLACE, #11		6.3 STREET ADDRESS	3054 NW 52nd Street	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL AD	

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] **REQUIRED** 9/30/99 (305) 953-1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)