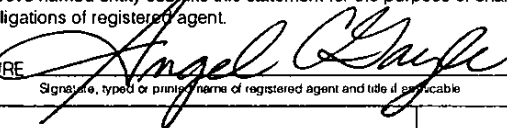
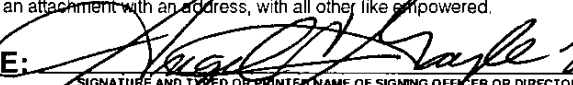


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>DOCUMENT # N94000000973</b><br>1. Entity Name<br><b>RECONCILED LIVING MINISTRIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |  |                                                                                                                                                                                                                                         | <div style="text-align: center;">FILED</div> <div style="text-align: center;">05 DEC 12 AM 3: 53</div> <div style="text-align: center;">SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</div>  |                                                                        |
| Principal Place of Business<br><b>1600 NW 66TH STREET<br/>MIAMI FL 33147<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | Mailing Address<br><b>P. O. BOX 470493<br/>MIAMI FL 33247</b>                     |                                                                                                                                                                                                                                         | 1st MOORE      CR2E037 (10/04)                                                                                                                                                                                                                                                |                                                                        |
| 2. Principal Place of Business<br><b>4141 N Miami Avenue</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | 3. Mailing Address                                                                |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| Suite, Apt. #, etc.<br><b>#201</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | Suite, Apt. #, etc.                                                               |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| City & State<br><b>Miami, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | City & State                                                                      |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| Zip<br><b>33127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | Country<br><b>Miami-Dade</b>                                                      |                                                                                                                                                                                                                                         | 4. FEI Number<br><b>65-0472006</b>                                                                                                                                                                                                                                            |                                                                        |
| 33127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | 5. Certificate of Status Desired <input type="checkbox"/>                         |                                                                                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                         |                                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>GAYLE, ANGEL C<br/>1600 NW 66TH STREET<br/>MIAMI FL 33147</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>Angel C. Gayle</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4141 N Miami Avenue</b><br><b>Suite #201</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33127</b> |                                                                                                                                                                                                                                                                               |                                                                        |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE <b>9/29/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                    |                                                                                   |                                                                                   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |                                                                                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                            |                                                                        |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                               |                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DCP<br>GAYLE, KARL R<br>1600 NW 66TH STREET<br>MIAMI FL 33147                     | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | D<br>Marine Miller<br>12170 NE 5th place<br>North Miami, FL 33161      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>GAYLE, ANGEL C<br>1600 NW 66TH STREET<br>MIAMI FL 33147                      | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | D<br>Zadoc Henry<br>1500 NW 108th Avenue # 222<br>Plantation, FL 33322 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>STUBBS, KENT<br>237 NW 48TH ST<br>MIAMI FL 33127                             | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | DCP<br>Gayle, Karl R.<br>2411 NW 170th Street<br>Miami, FL 33055       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>TAYLOR, DEBORAH<br>2411 NW 170TH ST.<br>MIAMI FL 33055                       | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | V<br>Gayle, Angel C<br>2411 NW 170th Street<br>Miami, FL 33055         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DST<br>RINGLING, JULIUS C. J<br>1750 NW 55TH AVE #201<br>FORT LAUDERDALE FL 33318 | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | D<br>Stubbs, Kent<br>3107 Ramsgate Road<br>Augusta, GA 30909           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>MORALES, JOAN<br>19730 SW 86TH TERRACE<br>PEMBROKE PINES FL 33029            | <input type="checkbox"/> Delete                                                   |                                                                                                                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                | 700060312187<br>10/06/05--01068--004 **\$61.25                         |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                   |                                                                                   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |
| SIGNATURE:  DATE <b>9/29/05</b> (786) 457-4115<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                   |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                               |                                                                        |



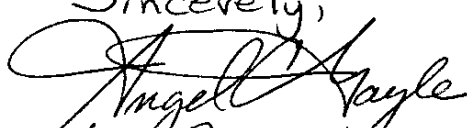
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December 9, 2005

To Whom It May Concern:

I am requesting a waiver of the \$175.00 reinstatement fee for Reconciled Living Ministries, Inc. - Ref. Number: N94 000000973. I did not receive either of the prior notices. When I did receive the proper form, I promptly filed. I have already sent in \$61.25 (see attached letter). However, an additional \$175.00 is a real hardship now, as a direct result of Hurricane Wilma!

I would appreciate any consideration you can give!

Sincerely,  
  
Vice President