

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90006 049 \*\*\*\*61.25

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| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |                                                                                                                                                         | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                                                                                                                                                          |  |
| <b>DOCUMENT # N98000003774</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| <b>1. Corporation Name</b><br><b>RECONCILIATION REVIVAL DELIVERANCE CENTER, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| <b>Principal Place of Business</b><br>5810 FERNHILL ROAD<br>ORLANDO FL 32808                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                           | <b>Mailing Address</b><br>5810 FERNHILL ROAD<br>ORLANDO FL 32808                                                                                        |                                                                                                                                                                                                                                                                                        |  |
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                   |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |                                                                                                                                                         | <b>3. Date Incorporated or Qualified</b><br>06/25/1998<br><b>4. FEI Number</b><br>N/A<br><b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required<br><b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| <b>9. Name and Address of Current Registered Agent</b><br>BROWN, LEWIS C<br>5810 FERNHILL ROAD<br>ORLANDO FL 32808                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                           | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |                                                                                                                                                                                                                                                                                        |  |
| <b>11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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.</b> |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE                                                                                                                                                                                                                                                                                                   |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE D President <input type="checkbox"/> DELETE<br>NAME Lewis C. Brown<br>STREET ADDRESS 5810 Fernhill Rd<br>CITY-ST-ZIP Orlando, FL 32808                                                                                                                                                                                                                                                                                                                           |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE D Vice President <input type="checkbox"/> DELETE<br>NAME HELEN V. Brown<br>STREET ADDRESS 5810 Fernhill Rd<br>CITY-ST-ZIP Orlando, FL 32808                                                                                                                                                                                                                                                                                                                      |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE D Secretary <input type="checkbox"/> DELETE<br>NAME Chaisea Livingston<br>STREET ADDRESS 2239 Menoninee Ct.<br>CITY-ST-ZIP Orlando, FL 32805                                                                                                                                                                                                                                                                                                                     |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                       |  |                                                                                           |                                                                                                                                                         |                                                                                                                                                                                                                                                                                        |  |

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: Lewis C. Brown**  
**SIGNATURE REQUIRED**  
 Lewis C. Brown Lewis C. Brown

3-19-99

(907) 292-4322

CR2E037 (11/98)