2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC0642426114

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Entity Name: RUTH HOUSE MINISTRIES INTERNATIONAL, INC., AN END-TIME ARK OF A DIFFERENT KIND

Current Principal Place of Business:

200 S. LAKE AVENUE
AVON PARK, FL 33825

Current Mailing Address:

P.O. BOX 7063
AVON PARK, FL 33826 US

FEI Number: 65-1008513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABLES, CLIFFORD MIII
551 S COMMERCE AVE
SEBRING, FL 33870-3869 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	ROBINSON, BARBARA PASTOR
Address	P.O. BOX 7063
City-State-Zip:	AVON PARK FL 33826

Title	D
Name	RICHARDSON, SANDRA L
Address	2869 LONDON ROAD
City-State-Zip:	COTTONDALE FL 32431

Title	DIRECTOR
Name	NEWBOLD, MYRTLE DR.
Address	P. O. BOX 223153
City-State-Zip:	WEST PALM BEACH FL 33422

Title	DIRECTOR
Name	DARVILLE, ANNIE DR.
Address	P. O. BOX 1573
City-State-Zip:	BOYNTON BEACH FL 33435

Title	D
Name	COSTON, MARY
Address	P. O. BOX 2421
City-State-Zip:	LAKE PLACID FL 33862

Title	D
Name	ROBINSON, RENULD C
Address	5740 MOUNTAIN STREAM TRAIL
City-State-Zip:	KELLER TX 76244

Title	DIRECTOR
Name	JAMISON, BETTY
Address	1630 S.E. 39TH TERRACE
City-State-Zip:	GAINSEVILLE, FL FL 32641

Title	DIRECTOR
Name	SANDERS, CLIFTON
Address	4803 JUANITA AVENUE
City-State-Zip:	FT. PIERCE FL 34940

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I hereby 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 all other like empowered.

SIGNATURE: BARBARA J. ROBINSON PASTOR 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLMES, WANDA
Address	P. O. BOX 870867
City-State-Zip:	STONE MOUNTAIN GA 30087