

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 05, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001885****1. Entity Name**
RESTORATION EVANGELISTIC MINISTRIES INTERNATIONAL INC.**Principal Place of Business**
8185 S CORAL CIR.
N. LAUDERDALE FL 33068
Mailing Address
8185 S CORAL CIR.
N. LAUDERDALE FL 33068**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State****Zip** **Country** **Zip** **Country****4. FEI Number**
65-0989742**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCPHERSON LETITIA REV
8185 S CORAL CIR.N. LAUDERDALE FL
33068**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City** **FL** **Zip Code****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.****SIGNATURE** **REV. DR. LETITIA MCPHERSON****06/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME ANGLIN CONROY
STREET ADDRESS 6270 N.W. 2ND ST.
CITY-ST-ZIP MARGATE FL 33063**TITLE** **D** ☐ Delete
NAME BAYNE EDINA
STREET ADDRESS 6005 DEL LAGO CIR., #304
CITY-ST-ZIP SUNRISE FL 33313**TITLE** **PD** ☐ Delete
NAME MCPHERSON LETITIA REV
STREET ADDRESS 8185 S CORAL CIR.
CITY-ST-ZIP N. LAUDERDALE FL 33068**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Letitia Mcpherson

PD

06/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)