2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # N0000005019 **NEW SONG INTERNATIONAL MINISTRIES. INC.** 04-15-2002 90064 024 ****61.25 Principal Place of Business Mailing Address 4103 E. 107TH ST. 4103 E. 107TH ST. KANSAS CITY MO 64139 KANSAS CITY MO 64139 U J U U J J I I 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3661586 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ALRON ENTERPRISES, INC. 390 NAMRAGANSETT ST NE PALM BAY FL 32907 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change TITLE ☐ Delete TITLE (9/01 ☐ Addition NAME MAHER, JAMES E III NAME 4103 E. 107TH ST. STREET ADDRESS STREET ADDRESS , HO 64137 CITY-ST-ZIP KANSAS CITY MO 6413/9 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change BARTHOLOMEW, JAMES NAME **2260 IOWA ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. MELBOURNE FL 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DIXON, SCOTT NAME., NAME 550 E STRAWBRIDGE AVE. SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32901** CITY-ST-ZIP MAHER, ELIZABETH TITLE ☐ Delete Change **★**PAddition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS HO 64/37 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive of this state employered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on a state throughout the state of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if