

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 001 ****61.25

DOCUMENT # N00000005019

1. Entity Name

New Song International Ministries, Inc.
4103 E. 107th St, Kansas City, MO 64139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4103 E 107th St

Suite, Apt. #, etc.

3. Mailing Address

4103 E 107th St

Suite, Apt. #, etc.

City & State
Kansas City, MO

City & State
Kansas City, MO

Zip
64139

Country
USA

Zip
64139

Country
USA

4. FEI Number
59-3661586

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alron Enterprises, Inc.

Street Address (P.O. Box Number is Not Acceptable)

390 Narragansett St NE

City Palm Bay

FL

Zip Code
32907

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.

SIGNATURE

[Signature]

Ronald Gallagher Registered Agent 3/6/03

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D Maher, James E III 41303 E. 107th St. Kansas City, Mo 64137
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/D Maher Reuben E. 1042 Mohawk Ave. Palm Bay, FL 32907
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T/D Ramilall, Jim 1301 S. Scott St Apt. 507 Arlington, VA 22204
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Bartholomew, James 2260 Iowa St. W W. Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Dixon, Scott 550 E. Strawbridge Ave C Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

James E Maher, President 3/1/03

816-765-2928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)