

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90176 037 ****61.25

DOCUMENT # N01000003855

1. Entity Name

VOICE OF REVIVAL MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1695 Main Street

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

4. FEI Number

80-0038606

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kraig H. Koach, Esquire

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

1530 Cross Street

City

Sarasota

FL

Zip Code
34236

**DO NOT WRITE
IN THIS SPACE**

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

Kraig H. Koach

Signature, typed or printed name of registered agent and initial applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President
N-NAME	ALEX KRISTIAN
STREET ADDRESS	12336 Hollybush Terrace
CITY-STATE-ZIP	Bradenton, FL 34202
TITLE	Vice President
N-NAME	MICHAEL ZDOROW
STREET ADDRESS	3839 59th Avenue West, Sarasota,
CITY-STATE-ZIP	Treasurer FL 34210
TITLE	SERGIY NEMNOZHKO
N-NAME	644 Madison Court
STREET ADDRESS	Sarasota, FL 34236
CITY-STATE-ZIP	
TITLE	
N-NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS
CITY-STATE-ZIP

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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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alex Kristian* ALEX KRISTIAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 (941) 752-0775

Date

Daytime Phone

CR2E037B (12/01)