

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001108

FILED
Apr 30, 2003
Secretary of State

Entity Name: REVIVAL FLAME MINISTRIES USA, INC.

Current Principal Place of Business:

225 N. DOVER RD.
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

225 N. DOVER RD.
DOVER, FL 33527

New Mailing Address:

FEI Number: 80-0030937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAREY, RICH
225 N. DOVER RD.
DOVER, FL 33527

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, SASHA
Address: 225 N. DOVER RD.
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: ALEXANDER, MELINA
Address: 225 N. DOVER RD.
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: KLINTSTROM, ANITA
Address: 225 N. DOVER RD.
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: WILSON, RICK
Address: 231 N. DOVER RD.
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: CAREY, RICH
Address: 731 GRAND CANYON DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD E CAREY

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date