

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12943

1. Entity Name

REACH THE WORLD FOR JESUS EVANGELISTIC ASSOCIATI

Principal Place of Business

P.O. BOX 145
SOPCHOPPY FL 32358
US

Mailing Address

P.O. BOX 145
SOPCHOPPY FL 32358
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KEMP, MALCOLM T.
3638 OCLEON DR
TALLAHASSEE FL 32312

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

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

(NOTE: Registered Agent signature required when reinstating)

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 C ☐ Delete
NAME KEMP, MALCOLM T.
STREET ADDRESS 3638 OCLEON DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME KEMP, LYNDIA L.
STREET ADDRESS 3228 ISLAND BLVD.
CITY-ST-ZIP SEVIERVILLE-TN 37862

TITLE D ☐ Delete
NAME MATHIS, ALMYRA
STREET ADDRESS 10 MATHIS ROAD
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE D ☐ Delete
NAME VAUSE, VONITA
STREET ADDRESS FIFTH AVENUE
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ☐ Delete
NAME
STREET ADDRESS
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 2228 Island Blvd
CITY-ST-ZIP Sevierville, TN 37816

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Park Avenue
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Almyra Mathis (ALMYRA MATHIS)

4/30/01 (850)962-3998

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91081 023 ****61.25

766629



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2625296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)