

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12943

1. Entity Name

REACH THE WORLD FOR JESUS EVANGELISTIC ASSOCIATION, INC.

FILED
Jun 12, 2002 8:00 am
Secretary of State

06-12-2002 90239 038 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 145
SOPCHOPPY FL 32358
US

P.O. BOX 145
SOPCHOPPY FL 32358
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2625296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP, MALCOLM T.
3638 OCLEON DR
TALLAHASSEE FL 32312

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D KEMP, LYNDAL
2228 ISLAND BLVD
SEVIERVILLE TN 37876 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same
Same
160 Municipal AV (P.O. Box 298)
Sopchoppy, FL 32358 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(850) 962-3998

Daytime Phone #

CR2E037 (9/01)