

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27345

1. Entity Name

SPIRIT FIRE WORLD OUTREACH, INC.

Principal Place of Business

150 COUNTY CLUB DR.
TITUSVILLE FL 32780
US

Mailing Address

P.O. BOX 2308
TITUSVILLE FL 32781

2. Principal Place of Business

150 COUNTRY CLUB DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RUSH, PATRICIA A.
200 WEST TOWNE PLACE
TITUSVILLE FL 32796

4. FEI Number

59-3031592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 PD
NAME RUSH, PATRICIA A.
STREET ADDRESS 200 WEST TOWNE PLACE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE 1VD
NAME BAILEY, DIANNE S.
STREET ADDRESS 190 WEST TOWNE PLACE
CITY-ST-ZIP TITUSVILLE FL 32796 ☐ Delete

TITLE ST
NAME RAMSEY, ROY
STREET ADDRESS 980 CRISTOBAL DR.
CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90324 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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