

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27345

1. Entity Name

SPIRIT FIRE WORLD OUTREACH, INC.

FILED

May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90249 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

150 COUNTRY CLUB DRIVE  
TITUSVILLE FL 32780  
US

P.O. BOX 2308  
TITUSVILLE FL 32781

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

59-3031592

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Dianne S. Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne S. Bailey 4-22-02 321-289-0353  
Date Daytime Phone #

CR2E037 (9/01)