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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CA STATE Sandra B. Mortham Aug 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N92000000806 (1)

RADIANT LIFE INTERNATIONAL MINISTRIES INC.

Principal Place	of Business	Mailing Address		T (A DIVIDI DID 1810) ARBIY ODDII DOXIC DI	ist botti notti Color ibist sotti sotto otti isbi
2621 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064 US		P O BOX 5250 LIGHTHOUSE POINT F 33074 US	4-5250	Date Incorporated or Qualified	3a. Date of Last Report
				12/16/1992	05/01/1996
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number 65-0379105	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		00-0079100	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Gifty & Diato		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	25	<u> </u>	30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
	9. Name and Address of Curre			10. Name and Address of New Reg	
			81 Name		
CUSHMAN, EARLE			82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
2621 N.E. 24TH ST. LIGHTHOUSE POINT FL 33064			83		
Lighting	JUSE POINT PL 33004				1-1-
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.056	02 and 617.1508, Florida Statutes of Florida Such change was au	s, the above-named con	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered
agent. I ai	m familiar with and accept the oblig	in is of, Section 617.0503, Flor	ida Statutes.	ation's board of directors. I hereby accept	
SIGNATURE _	Signates, typed or printed name of registered ag	ent and title if eonloable (NOTE:	Registered Agent signature requ	(red when rainstaling)	-12-97
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TITLE		Change Addition
NAME	CUSHMAN, EARLE		1.2 NAME		
STREET ADDRESS	3885 10TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKE WORTH FL 33460	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	KLEE, SHARON	<u> </u>	2.2 NAME		
STREET ADDRESS	6550 SOMERSET DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33735		2 4 CITY SY-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME OTOTES ADDRESS	CUSHMAN, PAUL		3.2 NAME		
STREET ADDRESS	822 PLUMTREE SARASOTA FL 34243		3.3 STREET ADDRESS 3.4. CITY-SJ-ZIP		
CITY-ST-ZIP TITLE	T	☐ DELETE	4.1 TITLE		Change Addition
NAME	GOLDEN, J D		4. 2 NAME		
STREET ADDRESS	4048 JOHN CT		4.3 STREET ADDRESS		,
CITY-ST-ZIP	CLEVELAND TN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE	······································	☐ DELETE	6.1 TITLE	200000A	hange Addition
NAME			6.2 NAME	40000226 -08/11/970109	4010 <i>0</i> 6
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	3-7-3-7 4010 € 8.8

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.