

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 033 ****61.25

DOCUMENT # N92000000806

1. Corporation Name

RADIANT LIFE INTERNATIONAL MINISTRIES INC.

Principal Place of Business
2621 N.E. 24TH ST.
LIGHTHOUSE POINT FL 33064
US

Mailing Address
P O BOX 5250
LIGHTHOUSE POINT F 33074
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/16/1992

4. FEI Number
65-0379105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CUSHMAN, EARLE
2621 N.E. 24TH ST.
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-29-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CUSHMAN, EARLE
STREET ADDRESS P.O. BOX 5250 N/A
CITY-ST-ZIP LIGHTHOUSE PT. FL 33074

TITLE ☒ DELETE

NAME LABLANC, JOE
STREET ADDRESS 6851 N.W. 6TH CT.
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME CUSHMAN, DEBRA
STREET ADDRESS 176 S. MILLER RD.
CITY-ST-ZIP AKRON OH 49333

TITLE ☐ DELETE

NAME YEAM, DANIEL
STREET ADDRESS 5221 ALMONTE AVE.
CITY-ST-ZIP TEMPLE CITY CA 91780

TITLE ☐ DELETE

NAME SHIN, DAVID
STREET ADDRESS 708 DEMOTT CT
CITY-ST-ZIP WESTWAY NY 11590

TITLE ☐ DELETE

NAME SOLOMON, MICHAEL
STREET ADDRESS 300 KING BRIDGE ST
CITY-ST-ZIP DEERFIELD BEACH FL 33487

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-29-99

CR2E037 (5/99)