

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000806

1. Entity Name

RADIANT LIFE INTERNATIONAL MINISTRIES INC.

FILED

May 20, 2002 8:00 am
Secretary of State

05-20-2002 90364 002 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0379105

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

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

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

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

TITLE D ☐ Delete
NAME MAYO, NELSON
STREET ADDRESS 618 VIRGINIA WOOD LANE
CITY-ST-ZIP ORLANDO FL 32824

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

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

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

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

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

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

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

TITLE T ☐ Delete
NAME SOLOMON, MICHAEL
STREET ADDRESS 300 KING BRIDGE ST.
CITY-ST-ZIP DEERFIELD BEACH FL 33487

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)