

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 002 ****61.25

DOCUMENT # N92000000806

1. Entity Name

RADIANT LIFE INTERNATIONAL MINISTRIES INC.



Principal Place of Business:

10777 PEMBROKE RD
HOLLYWOOD FL 33025
US

Mailing Address

9220 HOLLY LAKE DR
201
HOLLYWOOD FL 33025
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
9220 S HOLLY LAKE DR #201
HOLLYWOOD FL 33025

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D 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 ☐ 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 ☐ 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 ☐ 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 ☐ 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 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #