2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 26, 2006 08:00 AN DOCUMENT # N92000000806 **Secretary of State** 1. Entity Name RADIANT LIFE INTERNATIONAL MINISTRIES INC. Principal Place of Business Mailing Address 10777 PEMBROKE RD 9220 HOLLY LAKE DR HOLLYWOOD FL 33025 HOLLYWOOD FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0379105 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUSHMAN, EARLE 9220 S HOLLY LAKE DR #201 Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33025** City Z_{ID} 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 ager SIGNATURE DATE Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition 000000567649 CUSHMAN, EARLE NAME NAME 06/26/06-80005-009 61.25 STREET ADDRESS P.O. BOX 5250 N/A STREET ADDRESS LIGHTHOUSE PT. FL 33074 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAYO, NELSON NAME NAME 618 VIRGINIA WOOD LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32824 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME CUSHMAN, DEBRA NAME STREET ADDRESS 176 S. MILLER RD. STREET ADDRESS **AKRON OH 49333** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME YEAM, DANIEL NAME STREET ADDRESS 5221 ALMONTE AVE. STREET ADDRESS CITY-ST-ZIP TEMPLE CITY CA 91780 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHIN, DAVID NAME NAME 708 DEMOTT CT STREET ADDRESS STREET ADDRESS WESTWAY NY 11590 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SOLOMON, MICHAEL NAME 300 KING BRIDGE ST STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33487 CITY-ST-ZIP CITY-ST-ZIP

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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 receiper 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.

GNATURE:

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information