

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90046 020 \*\*\*\*61.25

DOCUMENT # N92000000806

1. Entity 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

10727 Pembroke Rd  
Suite, Apt. #, etc.

3. Mailing Address

9220 Holly Lake Dr.  
Suite, Apt. #, etc.  
201

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33025

Country

Broward

Zip

33025

Country

Broward



☐ CHECK HERE IF MAKING CHANGES

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

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

9220 S Holly Lake Dr  
#201  
Pembroke Pines FL 33025

7. Name and Address of New Registered Agent

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

*Earle L Cushman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-01-03

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHMAN, EARLE	
STREET ADDRESS	P.O. BOX 5250 N/A	Address Change
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33074	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYO, NELSON	
STREET ADDRESS	618 VIRGINIA WOOD LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUSHMAN, DEBRA	
STREET ADDRESS	176 S. MILLER RD.	
CITY-ST-ZIP	AKRON OH 49333	
TITLE	T	<input type="checkbox"/> Delete
NAME	YEAM, DANIEL	
STREET ADDRESS	5221 ALMONTE AVE.	
CITY-ST-ZIP	TEMPLE CITY CA 91780	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHIN, DAVID	
STREET ADDRESS	708 DEMOTT CT	
CITY-ST-ZIP	WESTWAY NY 11590	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLOMON, MICHAEL	
STREET ADDRESS	300 KING BRIDGE ST	
CITY-ST-ZIP	DEERFIELD BEACH FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10727 Pembroke Rd	
STREET ADDRESS	Pembroke Pines	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*

5-01-03

CR2E037 (10/02)