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

## DOCUMENT # N9500004116

Principal Place of Business

## REACHING HIGHER FULL GOSPEL MINISTRY INC.

BRADENTON FL 34203		BRADENTON FL 34208		<b>.</b>						
2. Principal f	ncipal Place of Business  3. Mailing Address `,									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Sta	City & State City & State			4. FEI Number 6!	65-0613621 Applied For					
Zip Country Zip		Zip	p Country		Not Applicable   S. 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						
		· · · · · · · · · · · · · · · · · · ·	Name							
DEVEAUX, NICOLE V 803 23RD STREET EAST			Street Address (P.O. Box Number is Not Acceptable)							
	TON FL 34208									
			City			FL Zip Cod	e			
SIGNATURE	Signature, typed or printed name of registered agen			ture required when reinstating)	DA	TE				
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees							
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10			
TITLE	DP	☐ Delete	TITLE	TAP		☐ Change	X Addition			
NAME	ELDON, OLIVE		NAME	Deveaux, Jot	FAL DIRAF		<b>'</b>			
STREET ADDRESS CITY-ST-ZIP	1304 57TH AVE. E.		STREET ADDRESS	6974 Persim	MON ILITE					
	BRADENTON FL 34203		CITY-ST-ZIP	SARASOFA, FL.	34243					
TITLE NAME	TS DEVEAUX, NICOLE V	☐ Delete	TITLE NAME			Mario CE	Addition			
STREET ADDRESS	803,23RD_STREET EAST		STREET ADDRESS							
CITY-ST-ZIP	BRADENTON FL 34208	بيعنى مسهوية	CITY-ST-ZIP			in the second of	İ			
TITLE	π	☐ Delete	TITLE			☐ Change	Addition			
NAME	MILLER, ANNIE		NAME							
STREET ADDRESS CITY-ST-ZIP	803 23RD STREET EAST		STREET ADDRESS							
TITLE	BRADENTON FL 34208	NT a v	CITY-ST-ZIP							
NAME	ROLLE, BASIL	Delete	TITLE NAME			Change	☐ Addition			
STREET ADDRESS	1820 26TH AVE. EAST		STREET ADDRESS							
CITY-ST-ZIP	BRADENTON FL 34208	•	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition			
NAME	-		NAME							
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE										
NAME	•	☐ Delete	TITLE NAME			☐ Change	☐ Addition			
STREET ADDRESS			CIRCLE ADDRESS				i			

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.

CITY-ST-ZIP

**FILED** 

Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90191 034 \*\*\*\*61.25