

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006488**

1. Entity Name

KWELI INTERNATIONAL MISSION, INC.

Principal Place of Business

**116 HUNTLEY CT
LAKE PLACID FL 33852**

Mailing Address

**116 HUNTLEY CT
LAKE PLACID FL 33852**

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 **65-0805298**

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

**LUNDY, JOAN
116 HUNTLEY CT
LAKE PLACID FL 33852**

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 \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	GREY, JESSE J III	
STREET ADDRESS	P O BOX 5163	
CITY-ST-ZIP	ELDORET KE	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Eldoret, Kenya, East Africa

TITLE	VP	<input type="checkbox"/> Delete
NAME	GREY, WINIFRED B	
STREET ADDRESS	P O BOX 5163	
CITY-ST-ZIP	ELDORET KE	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	Eldoret, KENYA; EAST AFRICA

TITLE	ST	<input type="checkbox"/> Delete
NAME	116 HUNTLEY CT	
STREET ADDRESS	LAKE PLACID FL 33852	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDY, RICHARD J	
STREET ADDRESS	116 HUNTLEY CT	
CITY-ST-ZIP	LAKE PLACID FL 33852	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	PASTOR DANNY MILUTIN	
STREET ADDRESS	3401 MIDDLE RD	
CITY-ST-ZIP	HIGHLAND MI 48357	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	PASTOR KELLY VARNER	
STREET ADDRESS	P O BOX 785	
CITY-ST-ZIP	RICHLAND NC 28574	

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: *Joan Lundy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-24-2002 863-699-2918
Date Daytime Phone #**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90176 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)