2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N98000005994 1. Entity Name REAL WORLD MINISTRIES INC. 04-24-2001 90288 043 ****61.25 Mailing Address Principal Place of Business PO BOX 20611 955 53RD ST E #920 **BRADENTON FL 34204 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0873664 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RYAN, GORDON 955 53RD ST E #920 **BRADENTON FL 34208** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Change Addition TITLE ☐ Defete TITLE RYAN, GORDON NAME NAME STREET ADDRESS 955 53RD ST E #920 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Change ☐ Addition VSD ☐ Delete TITLE TITLE RYAN, CATHY NAME NAME STREET ADDRESS 955.53RD.ST.E #920 STREET ADDRESS CITY-ST-7IP **BRADENTON FL 34208** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE RYAN, RICHARD NAME NAME 215 RIO VILLA DR #3167 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP