

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007043

1. Entity Name

GOSPEL FLIGHT SOCIETY USA, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90061 004 ****61.25

Principal Place of Business

Mailing Address

4205 57 AVE S APT C
LAKE WORTH FL 33463

4205 57 AVE S APT C
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0984440

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NIRKKONEN, TIMO
4205 57 AVE S APT C
LAKE WORTH FL 33463

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 \$61.25

9. 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: ☐ Delete
NAME: NIRKKONEN, TIMO
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: ☒ Change ☐ Addition
NAME: Nirkkonen Timo
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: Lake Worth FL 33463 P

TITLE: ☐ Delete
NAME: RONKKO, KARI
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: ☒ Change ☐ Addition
NAME: Ronkko Kari
STREET ADDRESS: T and S
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: ARPONEN, KARI
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME: KYMALAINEN, EINO
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: ☒ Change ☐ Addition
NAME: Kymalainen Eino
STREET ADDRESS:
CITY-ST-ZIP: V

TITLE: ☐ Delete
NAME: PURANEN, JORMA
STREET ADDRESS: 4205 57 AVE S APT C
CITY-ST-ZIP: LAKE WORTH FL 33463

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10-2000

561-357-8510

Date

Daytime Phone #

CR2E037 (9/99)