

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90001 007 ****61.25

DOCUMENT # N99000007043

1. Entity Name
GOSPEL FLIGHT SOCIETY USA, INC.

Principal Place of Business Mailing Address
4205 57 AVE S APT C **4205 57 AVE S APT C**
LAKE WORTH FL 33463 **LAKE WORTH FL 33463**

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 **65-0984440** 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
NIRKKONEN, TIMO Name
4205 57 AVE S APT C Street Address (P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33463 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NIRKKONEN, TIMO		STREET ADDRESS		
CITY-ST-ZIP	4205 57 AVE S APT C		CITY-ST-ZIP		
	LAKE WORTH FL 33463				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TS		STREET ADDRESS		
CITY-ST-ZIP	RONKKO, KARI		CITY-ST-ZIP		
	4205 57 AVE S APT C				
	LAKE WORTH FL 33463				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D		STREET ADDRESS		
CITY-ST-ZIP	ARPONEN, KARI		CITY-ST-ZIP		
	4205 57 AVE S APT C				
	LAKE WORTH FL 33463				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	V		STREET ADDRESS		
CITY-ST-ZIP	KYMALAINEN, EINO		CITY-ST-ZIP		
	4205 57 AVE S APT C				
	LAKE WORTH FL 33463				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D		STREET ADDRESS		
CITY-ST-ZIP	PURANEN, JORMA		CITY-ST-ZIP		
	4205 57 AVE S APT C				
	LAKE WORTH FL 33463				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

1/25-02 561 357 8510

CR2E037 (9/01)