

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90057 050 ****61.25

DOCUMENT # N00000002387



1. Entity Name
FRESH FIRE WORSHIP CENTER, INC.

Principal Place of Business Mailing Address
102 CHAPEL DR. 102 CHAPEL DR.
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304

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 **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PETTIS, REV. CHARLES
~~1072 COE LANDING RD.~~
~~TALLAHASSEE FL 32310~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7719 Cornucopia Ln.
City **Tallahassee** FL Zip Code **32309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRIS, CHARLES R 1072 COE LANDING RD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PATRIS, CYNTHIA F. 1072 COE LANDING RD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CYNTHIA A 12430 BLOUNTSTOWN HWY TALLAHASSEE FL 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PETTIS, R. Charles 7719 cornucopia Ln. Tallahassee, FL. 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETTIS, Cynthia F. 7719 Cornucopia Ln. Tallahassee, FL 32309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Cynthia A. 5203 S.E. Shellcracker Ave. Blountstown FL. 32424	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RICHARD PATTIS **R. Charles Pettis, P.D. 2/4/03** (850) 350-2022

CR2E037 (10/02)