

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 002 ****61.25

DOCUMENT # N46834 (0)

1. Corporation Name

Principal Place of Business

1602 Bruton Blvd
Orlando, FL 32805

Mailing Address

Flaming Fire Ministries Inc
P.O. Box 618322
Orlando, FL 32861-8322

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

1/13/1992

4. FEI Number

69-3706630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Linda Morris
P.O. Box 618322
Orlando, FL 32861-8322

10. Name and Address of New Registered Agent

81

Name

Linda Morris

82

Street Address (P.O. Box Number is Not Acceptable)

4431 Teresa Blvd

83

Orlando, FL 32811

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MORRIS, Linda

STREET ADDRESS 4431 Teresa Blvd

CITY-ST-ZIP Orlando, FL 32811

TITLE TD ☒ DELETE

NAME Orr, Joyce

STREET ADDRESS 4799 South Texas Avenue

CITY-ST-ZIP Orlando, FL 32839

TITLE ST ☐ DELETE

NAME Gilyard, Sabrina

STREET ADDRESS 6610-B Summerwalk Sq.

CITY-ST-ZIP Winter Park, FL 32792

TITLE VT ☐ DELETE

NAME Law, Rita

STREET ADDRESS 4738 Lighthouse Rd.

CITY-ST-ZIP Orlando, FL

TITLE VD ☐ DELETE

NAME Joyce Orr

STREET ADDRESS 4799 South Texas Avenue

CITY-ST-ZIP Orlando, FL 32839

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)