

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001082 (5)**

1. Corporation Name

**FIRE AND RESCUE MINISTRY, INC.**



Principal Place of Business

Mailing Address

1428 MAURY RD  
ORLANDO FL 32804

1428 MAURY RD  
ORLANDO FL 32804

3. Date Incorporated or Qualified  
**03/06/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**59-3299586**

Not Applicable

22

City & State

City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONIFER, KENNETH L  
1428 MAURY RD  
ORLANDO FL 32804**

81 Name

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

83

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 or officer, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>KENNETH L. BONIFER</b>
STREET ADDRESS	<b>1428 MAURY RD.</b>
CITY-ST-ZIP	<b>ORLANDO, FLA 32804</b>
TITLE	<b>SECRETARY / TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>MARY BONIFER</b>
STREET ADDRESS	<b>1428 MAURY RD</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32804</b>
TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>JAMES HANSEN</b>
STREET ADDRESS	<b>13582 E. 5440 LOT 143</b>
CITY-ST-ZIP	<b>SILVER SPRINGS, FL 34488</b>
TITLE	<b>PAMELA S. COLEBECK</b> <input type="checkbox"/> DELETE
NAME	<b>PAMELA S. COLEBECK</b>
STREET ADDRESS	<b>8080 CLOVER GLEN</b>
CITY-ST-ZIP	<b>OCFEE-FLA. 32818</b>
TITLE	<b>PATRICIA ANN. LEE</b> <input type="checkbox"/> DELETE
NAME	<b>PATRICIA ANN. LEE</b>
STREET ADDRESS	<b>R2 Box 308A</b>
CITY-ST-ZIP	<b>HILLIARD, FLA. 32046</b>
TITLE	<b>JEAN FOTH</b> <input type="checkbox"/> DELETE
NAME	<b>JEAN FOTH</b>
STREET ADDRESS	<b>105 THE FOUNTAINS</b>
CITY-ST-ZIP	<b>695-AIA NORTH PONTE VEDRA BEACH, FL. 32082</b>

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Addition
32 NAME	<b>000001779618</b>
33 STREET ADDRESS	<b>04/15/96--01025--042</b>
34 CITY-ST-ZIP	<b>***61.25</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>YAA-PA</b>
53 STREET ADDRESS	<b>3-15-96</b>
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: **Kenneth L. Bonifer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/96 407-425-2255**

DATE DISBURSE PHONE #

CR2E037 (12/95)