

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90042 035 \*\*\*\*61.25

**DOCUMENT # N98000004060**

1. Entity Name

**WALL OF FIRE CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

Mailing Address

203 FIRESIDE CT  
 LEHIGH ACRES FL 33936

203 FIRESIDE CT  
 LEHIGH ACRES FL 33936-7003

00058116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**212 HAMILTON AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**212 HAMILTON AVENUE**

Suite, Apt. #, etc.

City & State  
**LEHIGH ACRES, FL**

City & State  
**LEHIGH ACRES, FL**

4. FEI Number  
**65-0850238**

Applied For  
 Not Applicable

Zip  
**33972** Country  
**USA**

Zip  
**33972** Country  
**USA**

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

6. Name and Address of Current Registered Agent

**PIGOTT, RAYMOND EUGENE JR**  
**203 FIRESIDE CT**  
**LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name  
**PIGOTT, RAYMOND EUGENE JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**212 HAMILTON AVENUE**  
 City  
**LEHIGH ACRES FL** Zip Code  
**33972**

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	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIGOTT, RAYMOND E JR</b>	
STREET ADDRESS	<b>203 FIRESIDE CT</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DRAGON, GUY WILLIAM</b>	
STREET ADDRESS	<b>4645 EUGENE ST</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33905</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FABRE, DEBORAH LYNN</b>	
STREET ADDRESS	<b>905 LAREDO AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33936</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIGOTT, RAYMOND EUGENE JR</b>	
STREET ADDRESS	<b>212 HAMILTON AVENUE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33972</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAGON, GUY WILLIAM</b>	
STREET ADDRESS	<b>302 EIGHTH AVENUE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES, FL 33972</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POOSER, AMY MICHELLE</b>	
STREET ADDRESS	<b>510 THOMAS AVENUE</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

**SIGNATURE: RAYMOND EUGENE PIGOTT, JR.** *Raymond Eugene Pigott* **04-08-00** **941-368-6146**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)