

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

0084555

**DOCUMENT # N98000004060**

02-19-2002 90049 005 \*\*\*\*61.25

1. Entity Name

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

Principal Place of Business

**212 HAMILTON AVENUE  
 LEHIGH ACRES FL 33972**

Mailing Address

**212 HAMILTON AVENUE  
 LEHIGH ACRES FL 33972**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0850238**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PIGOTT, RAYMOND EUGENE JR  
 212 HAMILTON AVENUE  
 LEHIGH ACRES FL 33972**

7. Name and Address of New Registered Agent

Name

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

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 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 **PD**  Delete  
 NAME **PIGOTT, RAYMOND E JR**  
 STREET ADDRESS **212 HAMILTON AVENUE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **DRAGON, GUY WILLIAM**  
 STREET ADDRESS **302 EIGHTH AVENUE**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **POOSER, AMY MICHELLE**  
 STREET ADDRESS **510 THOMAS AVENUE**  
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE  Change  Addition  
 NAME **POOSER, AMY MICHELLE**  
 STREET ADDRESS **12944 5TH STREET**  
 CITY-ST-ZIP **FORT MYERS, FL 33905**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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 empowerments.

**SIGNATURE: RAYMOND EUGENE PIGOTT, JR.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-30-02**  
 Date

**941-368-6146**  
 Daytime Phone #

CR2E037 (9/01)