

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004060
 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
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04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0850238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PIGOTT, RAYMOND EUGENE JR
 212 HAMILTON AVENUE
 LEHIGH ACRES, FL 33972

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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 renouncing)

Filing Fee is \$61.25
Due by May 1, 2004

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

000000127510
 04-25-04-80001-004 61 25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PIGOTT, RAYMOND E JR 212 HAMILTON AVENUE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DRAGON, GUY WILLIAM 302 EIGHTH AVENUE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD POOSER, AMY MICHELLE 12944 5TH STREET FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E. PIGOTT, JR *Raymond E Pigott* 04-20-04 239-368-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #