

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005850

1. Entity Name

CONSUMING FIRE MINISTRIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90054 038 ****70.00

Principal Place of Business

Mailing Address

3043 CONCHO DR
 PENSACOLA FL 32506

PO BOX 3658
 PENSACOLA FL 32516-3658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3601439

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

7. Name and Address of New Registered Agent

MARTZ, ROBERT S
 3043 CONCHO DR
 PENSACOLA FL 32506

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 + \$8.75

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	D	<input type="checkbox"/> Delete
NAME	DUFFY, SEAN	
STREET ADDRESS	820 STERLING WAY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, KATHY	
STREET ADDRESS	820 STERLING WAY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, MICHAEL	
STREET ADDRESS	14290 SW 122 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTZ, ROBERT S	
STREET ADDRESS	3043 CONCHO DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARAI, BURT	
STREET ADDRESS	8594 HWY 98 WEST	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, SEAN	
STREET ADDRESS	PO BOX 3658	
CITY-ST-ZIP	PENSACOLA, FL 32516-3658	
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, KATHY	
STREET ADDRESS	PO BOX 3658	
CITY-ST-ZIP	PENSACOLA, FL 32516-3658	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, MICHAEL	
STREET ADDRESS	11961 SW 144th St	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D/VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<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: KATHY DUFFY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00 919-346-8811
 Date Daytime Phone #

CR2E037 (9/99)