

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000680

Entity Name: THE FIRE'S FLOWING MINISTRIES INC.**Current Principal Place of Business:**170 WESTHAMPTON DRIVE
PALM COAST, FL 32164**Current Mailing Address:**P.O. BOX 354022
PALM COAST, FL 32135**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMART SOLUTIONS UNLIMITED LLC
29 OLD KINGS ROAD N
SUITE 1B
PALM COAST, FL 32137 US*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:** ANNA THOMPSON

04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR
Name WILLIAMS, MADLYN K
Address P.O. BOX 354022
City-State-Zip: PALM COAST FL 32135

Title VP, DIRECTOR
Name CORBIN, ROCHELLE
Address 1722 MONROE ST., #3A
City-State-Zip: EVANSTON IL 60202

Title SECRETARY/DIRECTOR
Name SANTIAGO, MICHELE
Address 38 W. 65TH ST., #1
City-State-Zip: WESTMONT IL 60559

Title TREASURER/DIRECTOR
Name CALHOUN, DARRYL
Address 3342 CUMBERLAND TRAIL
City-State-Zip: OLYMPIA FIELDS IL 60461

Title DIRECTOR
Name ARRINGTON, SHERMAN DR.
Address P.O. BOX 1575
City-State-Zip: HOMEWOOD IL 60430

Title DIRECTOR
Name KUILAN, NICHOLE
Address 16 FOSTER LN
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR
Name THOMAS, GREGG DR.
Address P.O. BOX 568-7383
City-State-Zip: SPRINGS TX 77383

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADLYN K. WILLIAMS

PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date