

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005850

**Entity Name:** CONSUMING FIRE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

620 STONEGLEN DRIVE  
KELLER, TX 76248

**Current Mailing Address:**

PO BOX 1505  
KELLER, TX 76244 US

**FEI Number: 59-3601439**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NORRIS, DANIEL  
1204 S BROAD ST  
#187  
BROOKSVILLE, FL 34601 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name DUFFY, SEAN  
Address 620 STONEGLEN DRIVE  
City-State-Zip: KELLER TX 76248

Title DST  
Name DUFFY, KATHERINE  
Address 620 STONEGLEN DRIVE  
City-State-Zip: KELLER TX 76248

Title D  
Name NORRIS, DANIEL  
Address 1204 S BROAD ST.  
#187  
City-State-Zip: BROOKSVILLE FL 34601

Title D  
Name HODGES, PATRICK  
Address 620 STONEGLEN DR  
City-State-Zip: KELLER TX 76248

Title DIRECTOR  
Name MANN, MICHAEL  
Address PO BOX 1505  
City-State-Zip: KELLER TX 76244

*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: KATHERINE DUFFY**

**SECRETARY**

**01/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date