

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753872

1. Entity Name

CROSSFIRE MINISTRIES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90027 011 \*\*\*\*61.25

Principal Place of Business

1009 SOUTH 8TH ST.  
 FT. PIERCE FL 34950

Mailing Address

1009 SOUTH 8TH ST.  
 FT. PIERCE FL 34950-9324

2. Principal Place of Business

1009 S. 8th St.  
 Suite, Apt. #, etc.

3. Mailing Address

1009 S. 8th St.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, Fla.

City & State

Ft. Pierce, Fla.

4. FEI Number

26-3623810

Applied For

Not Applicable

Zip

34950

Country

U.S.A.

Zip

34950

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JIMMY L  
 1009 SOUTH 8TH ST.  
 FT. PIERCE FL 34950

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JIMMY L	
STREET ADDRESS	1009 SOUTH 8TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, VIRGINIA	
STREET ADDRESS	403 STONEHOUSE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERTA	
STREET ADDRESS	1009 SOUTH 8TH ST.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<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	
TITLE	<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	
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: *Jimmy L. Williams* 4-26-00 (561) 464-3263  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)