

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 024 ****61.25

DOCUMENT # F01000005030

1. Entity Name

THEE REFINERS FIRE MINISTRIES OF PRAYER, INC.



Principal Place of Business

8775 NW 36TH STREET
BLDG 1 SUITE 302
SUNRISE FL 33351
US

Mailing Address

8775 NW 36TH STREET
BLDG 1 SUITE 302
SUNRISE FL 33351
US

50020132



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

14316 Colonial Grand Blvd.

Suite, Apt. #, etc. Suite
3114

City & State
Orlando, FL

Zip
32837

Country
USA

3. Mailing Address

14316 Colonial Grand Blvd.

Suite, Apt. #, etc. Suite
Suite 3114

City & State
Orlando, FL

Zip
32837

Country
USA

4. FEI Number

74-2957641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAUL, VERA
8775 NW 36TH ST.
SUITE 302
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Paul, Vera

Street Address (P.O. Box Number is Not Acceptable)

14316 Colonial Grand Blvd. Suite 3114

City Orlando

FL

Zip Code
32837

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 Vera E. Paul Vera E Paul

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

si Lebas

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	PAUL, VERA	
STREET ADDRESS	8775 NW 36 STREET, BLDG 1, #302	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	☐ Delete
NAME	PAUL, EMANUEL	
STREET ADDRESS	6900 LANDINGS DR UNIT 208	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	☐ Delete
NAME	LOMBARD, CHRISTINE	
STREET ADDRESS	8775 NW 36TH ST. #302 SUITE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	T	☐ Delete
NAME	LOMBARD, CHRISTINE	
STREET ADDRESS	8775 NW 36TH ST, BLDG 1 SUITE 302	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	AT	☐ Delete
NAME	CADOGAN, ELSIE	
STREET ADDRESS	4287 REFLECTIONS BLVD APT 202	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Address ☒ Change ☐ Addition
NAME	Paul, Vera	
STREET ADDRESS	14316 Colonial Grand Blvd. Suite 3114	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VP	Address ☒ Change ☐ Addition
NAME	7198 NW 48th Court	
STREET ADDRESS	Lauderhill, FL 33319	
CITY-ST-ZIP		
TITLE	S	Address ☒ Change ☐ Addition
NAME	Lombard, Christine	
STREET ADDRESS	311 NW 87th Dr #213	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	T	Address ☒ Change ☐ Addition
NAME	Lombard, Christine	
STREET ADDRESS	311 NW 87th Dr #213	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	AT	Address ☒ Change ☐ Addition
NAME	Cadogan, Elsie	
STREET ADDRESS	7611 Southampton Terrace #214	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		☐ Change ☐ 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: Vera E. Paul Vera E Paul si Lebas (407) 857-0866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #