

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90217 036 ****61.25

DOCUMENT # F01000005030

1. Entity Name
THEE REFINERS FIRE MINISTRIES OF PRAYER, INC.



Principal Place of Business
**14316 COLONIAL GRAND BLVD
#3114
ORLANDO, FL 32837 US**

Mailing Address
**14316 COLONIAL GRAND BLVD
#3114
ORLANDO, FL 32837 US**

50014265



01122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**PAUL, VERA
14316 COLONIAL GRAND BLVD
STE 3114
ORLANDO, FL 32837**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PAUL, VERA**
STREET ADDRESS **14316 COLONIAL GRAND BLVD STE 3114**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PAUL, EMANUEL**
STREET ADDRESS **7198 NW 48TH COURT**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LOMBARD, CHRISTINE**
STREET ADDRESS **311 NW 87TH DR #213**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☒ Change ☐ Addition
NAME **S Lombard, Christine**
STREET ADDRESS **3115 Houndsworth CT #406**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **T** ☐ Delete
NAME **LOMBARD, CHRISTINE**
STREET ADDRESS **311 NW 87TH DR #213**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☒ Change ☐ Addition
NAME **T Lombard, Christine**
STREET ADDRESS **3115 Houndsworth CT #406**
CITY-ST-ZIP **Orlando, FL 32837**

TITLE **AT** ☐ Delete
NAME **CADOGAN, ELSIE**
STREET ADDRESS **7611 SOUTHAMPTON TERR #214**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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: *Paul E Paul*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/06 (407) 857-0866

Date

Daytime Phone #