


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000003238	
<b>1. Entity Name</b> CONSUMING FIRE MINISTRIES OF JACKSONVILLE, INC.	

<b>Principal Place of Business</b> 6356 FEDOR COURT JACKSONVILLE, FL 32244	<b>Mailing Address</b> 6356 FEDOR COURT JACKSONVILLE, FL 32244
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**DO NOT WRITE IN THIS SPACE**



03202005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3646567	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SUMMERS, TONYA R 6356 FED OR COURT JACKSONVILLE, FL 32244	<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1100000272661 03/22/05-80012-015 61.25
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CPST SUMMERS, TONYA 6356 FEDOR COURT JACKSONVILLE, FL 32244
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HOLSENDOLPH, CHRISTOPHER 89526TH ST JACKSONVILLE, FL 32208
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP/M CRUSE, GERALD P 6356 FED OR COURT JACKSONVILLE, FL 32244
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, CYNTHIA 7019 CANE GRASS LN WEST JACKSONVILLE, FL 32244
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BRACY, RANDOLPH REV. 5315 WOODSTEAD WAY ORLANDO, FL 32819
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** Tonya Summers **TONYA SUMMERS** **3/20/05** **(904) 573-6761**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #