2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2006 8:00 am Secretary of State

DOCUMENT # N0000003238 1. Entity Name CONSUMING FIRE MINISTRIES OF JACKSONVILLE, INC.							01-31-2	006 9001 <i>5</i>	036 ****61	25	
Principal Place of Business 6356 FEDOR COLIRT JACKSONVILLE, FL 32244		Mailing Address 6356 FEDOR COURT IACKSONVILLE, FL 32244				. (FB 111 18 R12			در رقی خوان در رقی خوان	1715 37 B 1 (18 8)	
2. Principal Place of Business 10198 Meadow Pointe Dr. Suite, Apt. #, etc.		3. Mailing Address 10198 Meadow Pointe Suite, Apt. #, etc.			Dr.	01302006 Chg-NP CR2E037 (11/05)					
City & State	prville 71 32221	Sity & State Jackson ville			-1	4. FEI Numbe 59-3646			<u> </u>	optied For of Applicable	
3222		Zip 32221	Cour	ntry S.A		5. Certificate			\$8.75 Add		
	6. Name and Address of Current I	ogstered Agent		Name		7. Name and	Address of	New Kegiszer	ed Agent		
SUMMERS, TONYA R 6356 FED OR COURT JACKSONVILLE, FL 32244					Street Address (P.O. Box Number is Not Acceptable)						
· -											
			{	City				F	Zip Cod	e	
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. 1 am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
L	Organizaciji pod or primovi nario di nagoveraci agorica	nd fille if applicable. (NOT:	E: Registered	l Agent signati	ure required	when minstating)		DA	TE		
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cer Trust Fund (mpaign Fi	inancing	ure required	\$5.00 May B Added to Fees	e	Make of	eck payable t partners of S		
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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:

TONYA SUMMERS
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 (904) 573