

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90170 038 ****61.25

DOCUMENT # N00000003238					
1. Entity Name CONSUMING FIRE MINISTRIES OF JACKSONVILLE, INC.					
Principal Place of Business 10198 MEADOW POINT DR JACKSONVILLE, FL 32221			Mailing Address 10198 MEADOW POINT DR JACKSONVILLE, FL 32221		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3646567				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SUMMERS, TONYA R 8356 FED OR COURT JACKSONVILLE, FL 32244			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remitting)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
State check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST SUMMERS, TONYA 10198 MEADOW POINT DRIVE JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSENDOLPH, CHRISTOPHER 4800 ORTEGA FARMS BLVD, # 1408 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	D Guerrero, Sheri 4800 Ortega Farms Blvd # 1405 Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM CRUSE, GERALD P 10198 MEADOW POINTE DR JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, CYNTHIA 1265 MCGIRTS CRK DR W JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	D O'Neal, Fran 532 Purcell Dr. Jacksonville, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACY, RANDOLPH REV. 5315 WOODSTEAD WAY ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	D McKnight, Donna 5473 ERVIN St Fernandina Bch, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Tonya R. Summers</u> TONYA R. SUMMERS			3/31/07 (904) 573-6761 Date Daytime Phone #		

ATTACHMENT

40049613
#N 00000003238

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	D		
Name (Last, First, Middle, Title)	Daniel, Jr.	Richard	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	3806 Evan Samuel Drive		
City, State	JACKSONVILLE	FL	
Zip Code & Country	32210		