

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003238

FILED
Mar 04, 2008
Secretary of State

Entity Name: CONSUMING FIRE MINISTRIES OF JACKSONVILLE, INC.

Current Principal Place of Business:

10198 MEADOW POINT DR
JACKSONVILLE, FL 32221

New Principal Place of Business:

5123-03 TIMUQUANA RD
JACKSONVILLE, FL 32210

Current Mailing Address:

10198 MEADOW POINT DR
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3646567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERS, TONYA R
6356 FED OR COURT
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

SUMMERS, TONYA R
10198 MEADOW POINTE DR.
JACKSONVILLE, FL 32221 US

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.

SIGNATURE: TONYA SUMMERS-CRUSE

03/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: SUMMERS, TONYA
Address: 10198 MEADOW POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: GUERRERO, SHERI
Address: 4800 ORTEGA FARMS BLVD #1405
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP/M () Delete
Name: CRUSE, GERALD P
Address: 10198 MEADOW POINTE DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: O'NEAL, FRAN
Address: 532 PURCELL DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: BRACY, RANDOLPH REV.
Address: 5315 WOODSTEAD WAY
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MCKNIGHT, DONNA
Address: 5473 ERVIN ST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: SUMMERS, TONYA
Address: 10198 MEADOW POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: O'NEAL, FRAN
Address: 532 PURCELL DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA SUMMERS-CRUSE

CPT

03/04/2008

Electronic Signature of Signing Officer or Director

Date