

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006939**

**1. Entity Name**  
**FRESH FIRE MINISTRIES, INC.**



**Principal Place of Business**  
**1412 POPE PLACE**  
**LUTZ, FL 33549**

**Mailing Address**  
**1412 POPE PLACE**  
**LUTZ, FL 33549**

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-NP CR2E037 (11/05)

**4. FEI Number**  
**59-3743026**

Applied For	
Not Applicable	

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BROOKS, GEORGE D JR.**  
**1412 POPE PLACE**  
**LUTZ, FL 33549**

**DO NOT WRITE  
IN THIS SPACE**

**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**

100000407043  
02/07/06-80115-019 61.25

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**PTD**  
**BROOKS, GEORGE D JR.**  
**1412 POPE PLACE**  
**LUTZ, FL 33549**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**VSD**  
**BROOKS, LINDA D**  
**1412 POPE PLACE**  
**LUTZ, FL 33549**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**D**  
**BROWN, JOSEPH**  
**18510 OTTERWOOD AVE.**  
**TAMPA, FL 33647**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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IN THIS SPACE**

**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 another like empowered.**

**SIGNATURE:** *George D. Brooks, Jr.* **1-27-06 813-949-7918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #