



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # N00000006939 1. Entity Name FRESH FIRE MINISTRIES, INC.	
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Principal Place of Business 1412 POPE PLACE LUTZ, FL 33549	Mailing Address 1412 POPE PLACE LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE

	
02182008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3743026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKS, GEORGE D JR. 1412 POPE PLACE LUTZ, FL 33549

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

<p>U000000839624 03/06/08-80016-005 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 an other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-20-08 <small>Date</small>	813-949-7918 <small>Daytime Phone #</small>
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