

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000445

FILED
Mar 13, 2007
Secretary of State

Entity Name: F.I.R.E. SCHOOL OF MINISTRY, INC.

Current Principal Place of Business:

745 CABARRUS AVE WEST
SUITE 260
CONCORD, NC 28027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 356
HARRISBURG, NC 28075

New Mailing Address:

FEI Number: 59-3691664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, JAMES
4006 EMBERS LANDING
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MICHAEL L DR.
Address: 206 DENNEHY CT
City-St-Zip: HUNTERSVILLE, NC 28078

Title: DVT () Delete
Name: PETERS, WILLIAM E DR.
Address: 417 PARALLEL DRIVE
City-St-Zip: HARRISBURG, NC 28075

Title: DVS () Delete
Name: CAVA, JOHN
Address: 4869 RENFREW DRIVE
City-St-Zip: CONCORD, NC 28027

Title: DV () Delete
Name: GLADSTONE, ROBERT J
Address: 98 POPLAR WOODS DRIVE
City-St-Zip: CONCORD, NC 28027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVT (X) Change () Addition
Name: PETERS, WILLIAM E DR.
Address: 9152 LOWER ROCKY RIVER RD
City-St-Zip: CONCORD, NC 28025

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 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: DR. WILLIAM E. PETERS

DVT

03/13/2007

Electronic Signature of Signing Officer or Director

Date