

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000445

FILED  
Feb 12, 2009  
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: 8829 BEAVER CREEK DR  
City-St-Zip: CHARLOTTE, NC 28269

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

Title: S ( ) Delete  
Name: ALT, STEVE  
Address: 5930 BAREFOOT LN  
City-St-Zip: CONCORD, NC 28027

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

Title: D ( ) Delete  
Name: VOLK, SCOTT  
Address: 12120 BARWEN CT  
City-St-Zip: CHARLOTTE, NC 28262

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DR. WILLIAM E. PETERS

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date