

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90350 003 \*\*\*\*61.25

**DOCUMENT #** N01000000479

1. Entity Name

VISIONS OF FIRE MINISTRIES INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
15739 70th Trail N.

3. Mailing Address  
P.O. Box 20562

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

DO NOT WRITE IN THIS SPACE

City & State  
Palm Bch Gdn, FL

City & State  
West Palm Beach, FL

4. FEI Number  
82-0541316

☒ Applied For  
☐ Not Applicable

Zip  
33418

Country  
Palm

Zip  
33416

Country  
Palm Bch

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Reverend Gwendolyn G. Williams

Street Address (P.O. Box Number is Not Acceptable)  
15739 70th Trail N.

City  
Palm Beach Gardens

FL

Zip Code  
33418

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.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P/D  
Rev. Gwendolyn G. Williams  
STREET ADDRESS  
15739 70th Trail N.  
CITY - ST - ZIP  
Palm Beach Gardens, FL 33418

TITLE  
NAME  
D/D  
Tamara G. Murray  
STREET ADDRESS  
15739 70th Trail N.  
CITY - ST - ZIP  
Palm Bch Gardens, FL 33418

TITLE  
NAME  
T/D  
Annette G. Davis  
STREET ADDRESS  
15739-70th-Trail-N.  
CITY - ST - ZIP  
Palm Bch Gardens, FL 33418

TITLE  
NAME  
T/S/D  
Jacqueline Williams  
STREET ADDRESS  
15739 79th Trail N.  
CITY - ST - ZIP  
Palm Bch Gardens, FL 33418

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tamara G. Murray 4/29/02 (561) 333-4949

Date

Daytime Phone #

CR2E037B (12/01)