2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2009
Secretary of State

DOCUMENT# N01000000479

Entity Name: VISIONS OF FIRE MINISTRIES INC.

Current Principal Place of Business:

15739 70TH TRAIL N
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

PO BOX 20562
WEST PALM BEACH, FL 33416

New Mailing Address:

PO BOX 771324
ORLANDO, FL 32877

FEI Number: 82-0541316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, GWENDOLYN G
15739 70TH TRAIL N
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

WILLIAMS, GWENDOLYN G DR.
15739 70TH TRAIL N
PALM BEACH GARDENS, FL 33418 US

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: DR. GWENDOLYN G. WILLIAMS 05/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, GWENDOLYN G REV
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete
Name: MURRAY, TAMARA G
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete
Name: DAVIS, ANNETTE G
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete
Name: WILLIAMS, JACQUELINE
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, GWENDOLYN G DR.
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

Title: T (X) Change ( ) Addition
Name: WILLIAMS, JACQUELINE F
Address: 15739 70TH TRAIL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TAMARA G. MURRAY D 05/24/2009
Electronic Signature of Signing Officer or Director Date