

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90312 042 ****61.25

DOCUMENT # N01000000479

1. Entity Name

VISIONS OF FIRE MINISTRIES INC.



Principal Place of Business

**15739 70TH TRAIL N
PALM BEACH GARDENS FL 33418**

Mailing Address

**PO BOX 20562
WEST PALM BEACH FL 33416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **82-0541316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PD**
STREET ADDRESS **WILLIAMS, GWENDOLYN G REV**
CITY-ST-ZIP **15739 70TH TRAIL N
PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE **D**
NAME **DD**
STREET ADDRESS **MURRAY, TAMARA G**
CITY-ST-ZIP **15739 70TH TRAIL N
PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE **S**
NAME **TD**
STREET ADDRESS **DAVIS, ANNETTE G**
CITY-ST-ZIP **15739 70TH TRAIL N
PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE **T**
NAME **TSD**
STREET ADDRESS **WILLIAMS, JACQUELINE**
CITY-ST-ZIP **15739 70TH TRAIL N
PALM BEACH GARDENS FL 33418**

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet Williams

April 30, 2003

CR2E037 (10/02)