2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# N01000007155

Entity Name: FIRE OF GOD MINISTRIES, INC.

Current Principal Place of Business:

1801 NE 23RD AVE
BLDG G
GAINESVILLE, FL 32606

New Principal Place of Business:

1414 NE 23RD AVENUE
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 5115
GAINESVILLE, FL 326275115

New Mailing Address:

FEI Number: 01-0563929 **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:

LIVERMAN, ARNOLD
2001 NW 37TH BLVD.
GAINESVILLE, FL 32605 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: LIVERMAN, ARNOLD
Address: 2001 NW 37TH BLVD.
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: LIVERMAN, MARILYN
Address: 2001 NW 37TH BLVD.
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete
Name: VOYLES, ANNE
Address: 1704 NW 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete
Name: VOYLES, JAMES
Address: 1704 NW 8 AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: CONWELL, MARCIA
Address: 12613 SE COUNTY ROAD 234
City-St-Zip: MICANOPY, FL 32667

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: ARNOLD LIVERMAN PD 05/05/2006

Electronic Signature of Signing Officer or Director — Date