
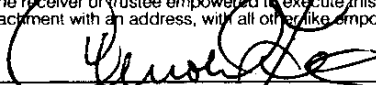


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90047 006 \*\*\*\*70.00

<b>DOCUMENT # N01000007155</b> 1. Entity Name FIRE OF GOD MINISTRIES, INC.					
Principal Place of Business 1414 NE 23RD AVENUE GAINESVILLE, FL 32609			Mailing Address P.O. BOX 5115 GAINESVILLE, FL 32627-5115		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0563929	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LIVERMAN, ARNOLD 2001 NW 37TH BLVD. GAINESVILLE, FL 32605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVERMAN, ARNOLD		NAME		
STREET ADDRESS	2001 NW 37TH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVERMAN, MARILYN		NAME		
STREET ADDRESS	2001 NW 37TH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOYLES, ANNE		NAME		
STREET ADDRESS	1704 NW 8TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOYLES, JAMES		NAME		
STREET ADDRESS	1704 NW 8 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP		
TITLE	D		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONWELL, MARCIA		NAME		
STREET ADDRESS	12613 SE COUNTY ROAD 234		STREET ADDRESS	2306 SW 13th St #406	
CITY-ST-ZIP	MICANOPY, FL 32667		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers and directors empowered.					
<b>SIGNATURE:</b> 			ARNOLD LIVERMAN 7/24/07 (352) 375-0200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					