

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000007155**

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**



03092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0563929**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LIVERMAN, ARNOLD  
2001 NW 37TH BLVD.  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVERMAN, ARNOLD 2001 NW 37TH BLVD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVERMAN, MARILYN 2001 NW 37TH BLVD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOYLES, ANNE 1704 NW 8TH AVENUE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOYLES, JAMES 1704 NW 8 AVENUE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWELL, MARCIA 2306 SW 13TH ST #406 GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000856179  
03/27/08-80065-028 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #