

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007155

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: FIRE OF GOD MINISTRIES, INC.

## Current Principal Place of Business:

1414 NE 23RD AVENUE  
GAINESVILLE, FL 32609

## New Principal Place of Business:

## 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 ( )

## 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: D ( ) Delete  
Name: CONWELL, MARCIA  
Address: 2306 SW 13TH ST #406  
City-St-Zip: GAINESVILLE, FL 32608

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

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: ARNOLD LIVERMAN

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date