

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 003 *****61.25

DOCUMENT # N01000007155

1. Entity Name

FIRE OF GOD MINISTRIES, INC.



Principal Place of Business

**6705 NW 34TH TERRACE
GAINESVILLE FL 32653**

Mailing Address

**6705 NW 34TH TERRACE
GAINESVILLE FL 32653**

2. Principal Place of Business

1801 NE 22nd Ave.

3. Mailing Address

4830 NW 43rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. G

Apt. R296

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32600

Country

Zip

32606

Country

☐ CHECK HERE IF MAKING CHANGES

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

**6705 NW 34TH TERRACE
GAINESVILLE FL 32653**

See new Address

7. Name and Address of New Registered Agent

Name

Arnold Liverman

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

4830 NW 43rd Street, # R296

City

Gainesville

FL

Zip Code

32606

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	PD	<input type="checkbox"/> Delete
NAME	LIVERMAN, ARNOLD	
STREET ADDRESS	6705 NW 34TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JIM	
STREET ADDRESS	1116 NW 32ND AVE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAFFIN, MICHAEL	
STREET ADDRESS	2316 NE 45TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4830 NW 43rd Street, # R296	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Arnold Liverman **Arnold Liverman** 5/1/03 352-377-1610

CR2E037 (10/02)