

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90001 018 ****61.25

DOCUMENT # N02000006477

1. Entity Name

FIRE OF THE CROSS MINISTRIES, INC.



Principal Place of Business

**9117 LEM TURNER RD.
JACKSONVILLE FL 32208**

Mailing Address

**PO BOX 440295
JACKSONVILLE FL 32222-0245**

2. Principal Place of Business

3. Mailing Address

PO Box 440295

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
Jacksonville, FL**

Zip

Country

**Zip
32222-0295**

**Country
USA**

4. FEI Number

01-0708449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOLMAN, LELIA F
7915 103RD ST. LOT 153
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Lelia F. Holman

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
Due By May 1, 2004**

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 **PT** ☐ Delete
NAME **HOLMAN, LELIA F**
STREET ADDRESS **7915 103RD ST. LOT 153**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **ST** ☐ Delete
NAME **SMITH, FAITH**
STREET ADDRESS **8787 SOUTHSIDE BLVD. #808**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **T** ☒ Delete
NAME **ALLEN, BRUCE V REV.**
STREET ADDRESS **10832 NAPLES COURT S**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TRT** ☐ Delete
NAME **WADE, CATHY**
STREET ADDRESS **8787 SOUTHSIDE BLVD. #808**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **TR** ☐ Delete
NAME **ALLEN, REV. BRUCE V**
STREET ADDRESS **10832 NAPLES CT. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Lelia F. Holman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/09/04

54006833



MOORE

CR2E037 (11/03)