

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90032 007 ****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 32222-0295**

20011994



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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, 2005**

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	<input type="checkbox"/> Delete
NAME	HOLMAN, LELIA F	
STREET ADDRESS	7915 103RD ST. LOT 153	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, FAITH	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #808	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TRT	<input type="checkbox"/> Delete
NAME	WADE, CATHY	
STREET ADDRESS	8787 SOUTHSIDE BLVD. #808	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ALLEN, REV. BRUCE V	
STREET ADDRESS	10832 NAPLES CT. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Faith B.	
STREET ADDRESS	6648 Autumn Bluff Lane	
CITY-ST-ZIP	Jacksonville, FL 32222	
TITLE	TRT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wade, Cathy M.	
STREET ADDRESS	6648 Autumn Bluff Lane	
CITY-ST-ZIP	Jacksonville, FL 32222	
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: Lelia F. Holman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/05

Date

904-389-6115

Daytime Phone #