

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006477

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** FIRE OF THE CROSS MINISTRIES, INC.

**Current Principal Place of Business:**

7915 103RD ST  
#153  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7915 103RD ST  
#153  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 01-0708449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLMAN, LELIA F  
7915 103RD ST.  
LOT 153  
JACKSONVILLE, FL 32210 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:** PT  
**Name:** HOLMAN, LELIA F  
**Address:** 7915 103RD ST. LOT 153  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** TRT  
**Name:** WADE, CATHY M  
**Address:** 6231 HAWKWIND RD  
**City-St-Zip:** JACKSONVILLE, FL 322232

**Title:** TR  
**Name:** ALLEN, BISHOP  
**Address:** 4019 ANDERSON WOOD DR.  
**City-St-Zip:** JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

**SIGNATURE:** LELIA F. HOLMAN

PT

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date