2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000007236

1. Entity Name

FIRE TO FIRE MINISTRIES, INC.

Principal Place of Business	Mailing Address
7706 FRANKLIN RD PLANT CITY FL 33565	7706 FRANKLIN RD PLANT CITY FL 33565

1st MOORE   CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number	Applied For
20-0002256	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
BYINGTON, DONALD A 7706 FRANKLIN RD. PLANT CITY FL 33565	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, 2007**	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **D** NAME BYINGTON, DONALD A STREET ADDRESS 7706 FRANKLIN RD. CITY-ST-ZIP PLANT CITY FL 33565		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **D** NAME BYINGTON, SUSAN N STREET ADDRESS 7706 FRANKLIN RD. CITY-ST-ZIP PLANT CITY FL 33565		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000748842 05/17/07-80082-021 61.25	☐ Change ☐ Addition
TITLE **D** NAME CAREY, RICHARD E STREET ADDRESS 225 N. DOVER RD. CITY-ST-ZIP DOVER FL 33527		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _Donald A. Byington_ DONALD A. BYINGTON 4/15/07   813-982-????