

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

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90343 030 \*\*\*\*70.00

<b>DOCUMENT # NO2000008376</b>					
<b>1. Entity Name</b> <b>THE FLAMING FIRE OF GOD MINISTRIES INTERNATIONAL, INC.</b>					
<b>Principal Place of Business</b> 8765 IDLEWILD ST FT MYERS FL 33912			<b>Mailing Address</b> 8765 IDLEWILD ST FT MYERS FL 33912		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> <u>47-0884687</u>	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>Additional Fee Required</b> <u>\$8.75</u>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>GRADY, PATRICK</b> <b>8765 IDLEWILD ST</b> <b>FT MYERS FL 33912</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE <u><i>Patrick Grady</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-15-03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUBANSA, BILLY A.D.M. REV.DR.</b> <b>6308 PANTHER LN APT C7</b> <b>FT MYERS FL 33919</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PENA, NARCISO C EVANGEL - DIRECTOR</b> <b>433 S W 20 PL</b> <b>CAPE CORAL FL 33914</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRADY, PATRICK BROTHER - DIRECTOR</b> <b>8765 IDLEWILD ST</b> <b>FT MYERS FL 33912</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GRADY, WENDY SISTER - DIRECTOR</b> <b>8765 IDLEWILD ST</b> <b>FT MYERS FL 33912</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Patrick Grady</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>SIGNATURE REQUIRED</b> <u>04/14/2003</u> <u>239-275 3907</u> <small>Date Daytime Phone</small>		

CR2E037 (10/02)