2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
01-18-2005 90064 004 ****70.00

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1. Entity Name
OUT OF THE FIRE MINISTRIES INC.

Principal Place of Business	Mailing Address
1561 NE 14TH STREET HOMESTEAD, FL 33033	1561 NE 14TH STREET HOMESTEAD, FL 33033

000010J6

01132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1438 N.W.2nd Ave.Apt#2	1438 N.W.2nd Ave.Apt#2
Suite, Apt. #, etc. Fla City Fl	Suite, Apt. #, etc. Fla.CityFl 33034
City & State	City & State
Zip 33034 Country Dade	Zip 33034 Country Dade

4. FEI Number 14-1902627 ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PASSMORE, MIRIAM 13884 SW 90TH AVE APT HH116 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRIAM PASSMORE 1438 N.W.2nd Ave Apt#2 (ADDRESS) Fla City,Fl 33034	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DUNN, ZEBA J 13884 SW 90TH AVE APT HH116 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JULIANN Pearce 8640 AmberField Drive Gainesville, FA 30506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUNN, THOMAS C 13884 SW 90TH AVE APT HH116 MIAMI, FL 33176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FLORENCE AHRENS 16900 S.W.277 St.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES MERCER 27550 OLD Dixie Hwy Naranja,Fl 33032	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Delores Murphy 15831 S.W. 284 St. Homestead, Fl 33033	☐ 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 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: Miriam Passmore PRES. D 2-9-05 305-2795766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MIRIAM Passmore