

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000007862

1. Entity Name
FIRE IN THE MOUNTAINS REVIVAL MINISTRIES, INC.



Principal Place of Business
**7100 ULMERTON RD #396
LARGO, FL 33771**

Mailing Address
**7100 ULMERTON RD #396
LARGO, FL 33771**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JENNINGS, CLARENCE A
7100 ULMERTON RD #396
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TPT
JENNINGS, CLARENCE A
7100 ULMERTON RD #396
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TVS
JENNINGS, MARILYN S
7100 ULMERTON RD #396
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUS
HERRINGTON, SIDNEY WALTER
9710 CYPRESS SHADOW AVE
TAMPA, FL 37467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000389725
01/20/06-80059-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Clarence Allen Jennings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06 727-524-2413
Date Daytime Phone