# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2006**
**Secretary of State**

DOCUMENT# N05000003492

**Entity Name:** CONSUMING FIRE CRUSADE MINISTRIES, INC.

**Current Principal Place of Business:**

101 CASTLEWOOD DR
LAKE PARK, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

101 CASTLEWOOD DR
LAKE PARK, FL 33408

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPENCER, ADELIA
1227 ROSE GATE
RIVIERA BEACH, FL 33404 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: ED ( ) Delete
Name: SPENCER, ADELIA
Address: 1227 ROSE GATE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: PD ( ) Delete
Name: GRANT, CATHY
Address: 1414 WEDGEWOOD PLAZA DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CD ( ) Delete
Name: HOUSTON, IRVIN
Address: 4777 N AUSTRALIAN DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T ( ) Delete
Name: PRICE, DEBRA
Address: 4769 N AUSTRALIAN DR
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete
Name: POWELL, NICOLE
Address: 200 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33409

Title: C ( ) Delete
Name: SHEFFIELD, TERESA
Address: 200 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ADELIA SPENCER ED 01/26/2006

Electronic Signature of Signing Officer or Director — Date