

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007094

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INNERFIRE MINISTRIES, INC.

## Current Principal Place of Business:

2183 SUNRISE ROAD  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

840 SOUTH 2ND STREET  
DEFUNIAK SPRINGS, FL 32435

## Current Mailing Address:

2183 SUNRISE ROAD  
DEFUNIAK SPRINGS, FL 32433

## New Mailing Address:

840 SOUTH 2ND STREET  
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-5144754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARROLL, JOHNNNA H  
2183 SUNRISE ROAD  
DEFUNIAK SPRINGS, FL 32433 US

## Name and Address of New Registered Agent:

JOYNER, FAITH  
840 SOUTH 2ND STREET  
DEFUNIAK SPRINGS, FL 32435 US

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: FAITH JOYNER

04/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARROLL, SCOTTY D  
Address: 2183 SUNRISE ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Delete  
Name: JOYNER, DOYLE E  
Address: 840 SOUTH 2ND STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: S ( ) Delete  
Name: JOYNER, FAITH  
Address: 840 SOUTH 2ND STREET  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: T ( ) Delete  
Name: CARROLL, JOHNNNA H  
Address: 2183 SUNRISE ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARROLL, SCOTTY D  
Address: 1143 FARMHOUSE RD  
City-St-Zip: LASSASSAS, TN 37085

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

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

Title: T (X) Change ( ) Addition  
Name: CARROLL, JOHNNNA H  
Address: 1143 FARMHOUSE RD  
City-St-Zip: LASCASSAS, TN 37085

I hereby certify that the information supplied with this filing does not qualify 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: SCOTTY CARROLL

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date