2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N07000001602

Entity Name: STIRRING THE FIRE MINISTRIES, INC.

Current Principal Place of Business:

761 LAKE COMO DR
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

P O BOX 953656
LAKE MARY, FL 327953656

New Mailing Address:

FEI Number: 20-8309643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, MIRTHA V CPA
420 S COUNTRY CLUB RD
LAKE MARY, FL 32746 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: PD ( ) Delete
Name: MEYERS, MARK
Address: 761 LAKE COMO DR
City-St-Zip: LAKE MARY, FL 32746

Title: VPD ( ) Delete
Name: MEYERS, ROBERT
Address: 20 YOW DRIVE
City-St-Zip: SWANNANOA, NC 28778

Title: SD ( ) Delete
Name: MEYERS, MARY
Address: 761 LAKE COMO DR
City-St-Zip: LAKE MARY, FL 32746

Title: TD ( ) Delete
Name: PARKS, TONI
Address: 1212 BRAMPTON PL
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete
Name: DAVENPORT, CLARENCE
Address: 252 ENGLENOOK PL
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: KADLAC, JASON
Address: 745 MIDLAND DR
City-St-Zip: DELTONA, FL 32725

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 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: MARK MEYERS PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date