

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002140

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: FLAME OF FIRE FAITH MINISTRIES, INC

**Current Principal Place of Business:**

201 SANDALWOOD DRIVE  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

201 SANDALWOOD DRIVE  
FORT PIERCE, FL 34947

**New Mailing Address:**

FEI Number: 59-3839704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCGEE, RUE L  
201 SANDALWOOD DRIVE  
FORT PIERCE, FL 34947 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: P ( ) Delete  
Name: MCGEE, RUE L  
Address: 201 SANDALWOOD DRIVE  
City-St-Zip: FORT PIERCE, FL 34947

Title: V ( ) Delete  
Name: MCGEE, DIANE  
Address: 201 SANDALWOOD DRIVE  
City-St-Zip: FORT PIERCE, FL 34947

Title: S ( ) Delete  
Name: MCGEE, NICOLE  
Address: 2304 SAN MARCOS AVENUE  
City-St-Zip: FORT PIERCE, FL 34946

Title: T (X) Delete  
Name: MCGEE, BEVERLY  
Address: 4592 WHISPERING PINES LANE  
City-St-Zip: FORT PIERCE, FL 34982

**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:

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: RUE LANE MCGEE

P

04/27/2008

Electronic Signature of Signing Officer or Director

Date