

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-29-2008 90089 037 ****61.25

DOCUMENT # N07000010662 1. Entry Name CONSUMING FIRE, CHURCH OF GOD OF PROPHECY, INC.					
Principal Place of Business 1350 WESTWAY ROAD TALLAHASSEE, FL 32305			Mailing Address 1350 WESTWAY ROAD TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 12326 Suite, Apt. #, etc.			
City & State Tallahassee, FL		4. FEI Number 59-3331579			
Zip 32317	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLVIN, TENICIA N 692 BOB MILLER ROAD CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MULLINGS, DENVER L 2320 AJAX ROAD TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DANIELS, LATOYA 456 SOUTH LANIER ROAD HAVANA, FL 32333	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLVIN, TENICIA N 692 BOB MILLER ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTS, JOYCE 164 ROBERTS/Williams ROAD CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, AARONDAS 1325 WEST THARPE STREET # 9240 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'NEAL, BRITTANY 1154 SEMINOLE DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
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: <u>Denver Mullings</u>		Date: <u>4-25-08</u>		Daytime Phone #: <u>950-574-4543</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					