

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010952

FILED
Oct 08, 2009
Secretary of State

Entity Name: THE HOLY FIRE ANNOINTING MINISTRIES, INC.

Current Principal Place of Business:

1645 N.W. 65TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1645 N.W. 65TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CAROLYN B
1645 N.W. 65TH STREET
MIAMI, FL 33147 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: CAROLYN JONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CAROLYN B
Address: 1645 N.W. 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: JAMES, CHRISTOPHER T
Address: 1645 N.W. 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: DIR () Delete
Name: GETER, TANGELA S
Address: 1645 N.W. 65TH STREET
City-St-Zip: MIAMI, FL 33147

Title: DIR () Delete
Name: LIBERMAN, LINDA
Address: 390 N.E. 125TH STREET APT 318
City-St-Zip: MIAMI, FL 33161

Title: DIR () Delete
Name: JONES, HUMPHREY T
Address: 1645 N.W. 65TH STREET
City-St-Zip: MIAMI, FL 33161

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:

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: CAROLYN JONES

Electronic Signature of Signing Officer or Director

MRS.

10/08/2009

Date