

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004843

FILED
Apr 29, 2009
Secretary of State

Entity Name: UNITED PENTECOSTAL FIRE MINISTRIES INC.

Current Principal Place of Business:

1740 SW ST LUCIE WEST BLVD SUITE 201
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

6817 HERITAGE DRIVE
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1740 SW ST LUCIE WEST BLVD SUITE 201
PORT SAINT LUCIE, FL 34986

New Mailing Address:

6817 HERITAGE DRIVE
PORT SAINT LUCIE, FL 34952

FEI Number: 26-2645288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIKE, PETAL
5209 NW SOUTH LOVOY CIRCLE
PORT ST LUCIE, FL 34986 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: PIKE, PETAL
Address: 1740 SW ST LUCIE WEST BLVD SUITE 201
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: C () Delete
Name: PIKE, OWEN
Address: 1740 SW ST LUCIE WEST BLVD SUITE 201
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: PIKE, OWEN
Address: 5209 NW SOUTH LOVOY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: DIR () Change (X) Addition
Name: DAVIS, ELEANOR
Address: 6791 DICKERSON TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: PETAL PIKE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date