

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003828

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** FLAMES OF FIRE MINISTRIES, INC.

**Current Principal Place of Business:**

7910 GOLDEN POND CR.  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

3621 COLUMBIA ST  
ORLANDO, FL 32805

**Current Mailing Address:**

P.O. BOX 617257  
ORLANDO, FL 32861 US

**New Mailing Address:**

3621 COLUMBIA ST  
ORLANDO, FL 32805

**FEI Number:** 26-4725345

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPARROW, GWENDOLYN L  
7910 GOLDEN POND CR.  
KISSIMMEE, FL 34747 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  
Name: SPARROW, GWENDOLYN L  
Address: 7910 GOLDEN POND CR.  
City-St-Zip: KISSIMMEE, FL 34747

Title: VP  
Name: BATTLE, RESHARD A  
Address: 1712 TERRA COTA CT.  
City-St-Zip: ORLANDO, FL 32825

Title: T  
Name: MORRIS, CLIFF JR.  
Address: 9130 PRISTINE CR.  
City-St-Zip: ORLANDO, FL 32818

Title: S  
Name: COLLINS, HARDEE  
Address: 121 BERGEN CR.  
City-St-Zip: AUBURNDAL, FL 33823

Title: O  
Name: OUTLAW, CAROLYN  
Address: 1457 S. KIRKMAN RD. APT. 2010  
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN SPARROW

P

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date