

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27345 (0)

1. Corporation Name
SPIRIT FIRE WORLD OUTREACH, INC.

Principal Place of Business 2509 RIVIERA DRIVE TITUSVILLE FL 32780	Mailing Address P.O. BOX 2308 TITUSVILLE FL 32781-2308
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2. Principal Place of Business 21 150 COUNTRY CLUB DR		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/11/1988	3a. Date of Last Report 06/11/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3031592	Applied For Not Applicable
City & State 22		City & State 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 23		Zip 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 24		Country 29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUSH, PATRICIA A. 2509 RIVIERA DRIVE TITUSVILLE FL 32780		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, PATRICIA A.	1.2 NAME	
STREET ADDRESS	2509 RIVIERA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	1VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, DIANNE S.	2.2 NAME	
STREET ADDRESS	2509 RIVIERA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, ROY	3.2 NAME	
STREET ADDRESS	980 CRISTOBAL DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL 32780	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dianne S. Bailey* **DIANNE S. BAILEY** 5-1-97 407-383-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015174

CR2E037 (9/96)