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Jul 02 1998 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

Mailing Address

2509 RIVIERA DRIVE
TITUSVILLE FL 32780

P.O. BOX 2308
TITUSVILLE FL 32781-2308

3. Date Incorporated or Qualified
07/11/1988

3a. Date of Last Report
06/11/1998

2. Principal Place of Business

2a. Mailing Address

21 150 COUNTRY CLUB DR

26

4. FEI Number
59-3031592

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSH, PATRICIA A.
2509 RIVIERA DRIVE
TITUSVILLE FL 32796

200 W. TOWNE PL.

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 the filer (if applicable)

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME RUSH, PATRICIA A.
STREET ADDRESS 2509 RIVIERA DRIVE
CITY-ST-ZIP TITUSVILLE FL

TITLE 1VD ☐ DELETE
NAME BAILEY, DIANNE S.
STREET ADDRESS 2509 RIVIERA DRIVE
CITY-ST-ZIP TITUSVILLE FL

TITLE ST ☐ DELETE
NAME RAMSEY, ROY
STREET ADDRESS 980 CRISTOBAL DR.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS 200 W. TOWNE PLACE

1.4 CITY-ST-ZIP 32796

2.1 TITLE ☒ Change ☐ Add

2.2 NAME

2.3 STREET ADDRESS 190 W. TOWNE PLACE

2.4 CITY-ST-ZIP 32796

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002578811

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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. 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.