FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44961 (3)

1. Corporation Name

BROADFIRE MINISTRIES, INC.

95 JUN 20 1:17

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18117 BRANCH RD HUDSON FL 34667 US	18117 BRANCH RD HUDSON FL 34667 US

3. Date Incorporated or Qualified: 09/04/1991
3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 Same as above
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Hudson, Fl.	City & State 28 Hudson, Fl.
Zip 24 34667 Country 25 Pasco	Zip 29 34667 Country 30 Pasco

9. Name and Address of Current Registered Agent

DARRELL, BILLY J REV
18117 BRANCH RD
HUDSON FL 34667

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) Same as 9
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE N/A
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	11 TITLE	☐ Change ☐ Addition
NAME	DARRELL, BILLY J REV	12 NAME	
STREET ADDRESS	18117 BRANCH RD	13 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	WHITE, PATSY	22 NAME	
STREET ADDRESS	P.O. BOX 533 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	ARIPEKA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FLICKINGER, ROBERT R	32 NAME	
STREET ADDRESS	11256 HOLBROOK ST	33 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	
TITLE	ASD	41 TITLE	☐ Change ☐ Addition
NAME	WHITE, PATSY	42 NAME	
STREET ADDRESS	P.O. BOX 533 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	ARIPEKA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LYONS, KENNETH	52 NAME	
STREET ADDRESS	10333 WEATHERLY RD	53 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SAKOLSKY, LOU	62 NAME	
STREET ADDRESS	4120 FOXBORROW DR	63 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Billy J Darrell, Pres. 1/13/95 813 868-3449
Name and title of individual signing (if applicable) Date Daytime Phone #

0007045