

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44961

(3)

1. Corporation Name

BROADFIRE MINISTRIES, INC.

Principal Place of Business

18117 BRANCH RD
HUDSON FL 34667
US

Mailing Address

18117 BRANCH RD
HUDSON FL 34667
US



3. Date Incorporated or Qualified
09/04/1991

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

9. Name and Address of Current Registered Agent

DARRELL, BILLY J REV
18117 BRANCH RD
HUDSON FL 34667

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 terminating)

Date:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DARRELL, BILLY J REV | |
| STREET ADDRESS | 18117 BRANCH RD | |
| CITY-ST-ZIP | HUDSON FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WHITE, PATSY | |
| STREET ADDRESS | P.O. BOX 533 N/A | |
| CITY-ST-ZIP | ARIPEKA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FLICKINGER, ROBERT R | |
| STREET ADDRESS | 11256 HOLBROOK ST | |
| CITY-ST-ZIP | SPRING HILL FL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | WHITE, PATSY | |
| STREET ADDRESS | P.O. BOX 533 N/A | |
| CITY-ST-ZIP | ARIPEKA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LYONS, KENNETH | |
| STREET ADDRESS | 10333 WEATHERLY RD | |
| CITY-ST-ZIP | BROOKSVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAKOLSKY, LOU | |
| STREET ADDRESS | 4120 FOXBORROW DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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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)(k), 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:

Darrell, Billy J
Signature and typed or printed name of signing officer or director

President

3/21/94

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868-3449

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