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

APPROVED AND FILED

95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46834** **(0)**

1. Corporation Name

FLAMING FIRE MINISTRIES INCORPORATED

Principal Place of Business	Mailing Address
2868 N. POWERS DR. APT 176 ORLANDO FL 32818 US	P.O. BOX 616494 APT. #176 ORLANDO FL 32811-9998 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3106630 ☐ 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	26 Flaming Fire Ministries Inc
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 616483
City & State 23	City & State 28 Orlando, Florida
Zip 24 / Country 25	Zip 29 32861-8483 / Country 30 U.S.A

9. Name and Address of Current Registered Agent

MORRIS, LINDA
2868 N. POWERS DRIVE
APT. #176
ORLANDO FL 32818

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MORRIS, LINDS	12 NAME	
STREET ADDRESS	2868 N. POWERS DR., APT. 176	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	LAW, RITA D.	22 NAME	
STREET ADDRESS	4738 LIGHTHOUSE RD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	WADE, ANDREW T. R	32 NAME	
STREET ADDRESS	3000 BRUTON BLVD	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	VENSON, MAXINE	42 NAME	
STREET ADDRESS	4717 S. TEXAS AVE. APT. C	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ARCHIE B	52 NAME	
STREET ADDRESS	1700 E ALPINE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COSSOM, LAURA E.	62 NAME	
STREET ADDRESS	1700 E. ALPINE ST	63 STREET ADDRESS	
CITY-ST-ZIP	ALTOMONTE SPRINGS 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)(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: Linda Morris April 29, 1995 (407)896-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034878