


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1998 8:00am
Secretary of State

* NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46834 (0)

1. Corporation Name
FLAMING FIRE MINISTRIES INCORPORATED

Principal Place of Business 1051 LEE ROAD APT. 100 ORLANDO FL 32810 US	Mailing Address FLAMING FIRE MINISTRIES INC P O BOX 618683 ORLANDO FL 32861-6683 US
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2. Principal Place of Business 21 1242 Woodman Way Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Orlando, Florida	27 City & State 28
24 Zip 32818	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MORRIS, LINDA
1242 WOODMAN WAY
ORLANDO FL 32818**

3. Date Incorporated or Qualified 01/13/1992
4. FEI Number 59-3106630
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, LINDA	
STREET ADDRESS	1242 WOODMAN WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAW, RITA D.	
STREET ADDRESS	4738 LIGHTHOUSE RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ORR, JOYCE	
STREET ADDRESS	1246 WOODMAN WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VENSON, MAXINE	
STREET ADDRESS	4421 TERESA BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GILYARD, SABRINA G	
STREET ADDRESS	6510-B SUMMERWALK SQUARE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	ORR, JOYCE
4.4 CITY-ST-ZIP	1246 Woodman Way
5.1 TITLE	Orlando, Florida 32818
5.2 NAME	800002464578
5.3 STREET ADDRESS	-03/23/98--01013--013
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ 2/28/98

CR2E037 (10/97)