

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 10:12

DOCUMENT # N94000000834 (1)

1. Corporation Name
FIRE ESCAPE MINISTRIES, INC.

Principal Place of Business Mailing Address
RT 2 BOX 975 STARKE FL 32091 RT 2 BOX 975 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1994 3a. Date of Last Report
4. FEI Number 59-3246451 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 109 CALL STREET 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 STARKE FL 28
24 Zip 25 BRADFORD 29 Country 30 BRADFORD

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 FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BROWDER, VIVIAN L
RT 2 BOX 975
STARKE FL 32091

10. Name and Address of New Registered Agent
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 *Vivian L. Browder Sec* *Vivian L. Browder* 6/8/95
Signature, typed or printed name of registered agent and title if applicable (Typed Name) (Signature) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWDER, HENRY E
STREET ADDRESS	RT 2 BOX 975
CITY - ST - ZIP	STARKE FL 32091
TITLE	V
NAME	BROWDER, PATRICIA L
STREET ADDRESS	RT 2 BOX 975
CITY - ST - ZIP	STARKE FL 32091
TITLE	ST
NAME	BROWDER, VIVIAN L
STREET ADDRESS	RT 2 BOX 975
CITY - ST - ZIP	STARKE FL 32091
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MUNN, ROBBIE JEANNE	
13 STREET ADDRESS	833 WEST MADISON	
14 CITY - ST - ZIP	STARKE FL 32091-3014	
21 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	CHRIS HOLLOWAY	
23 STREET ADDRESS	RT 1 BOX 145	
24 CITY - ST - ZIP	LAWTEY FL 32058	
31 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KIMBERLY FILLYAW	
33 STREET ADDRESS	RT 3 BOX 1726	
34 CITY - ST - ZIP	STARKE FL 32091	
41 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	RONALD MOSER	
43 STREET ADDRESS	1131 KILLDEER ROAD	
44 CITY - ST - ZIP	MCKINLEYVILLE CA 95521	
51 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BETTY MOSER	
53 STREET ADDRESS	1131 KILLDEER ROAD	
54 CITY - ST - ZIP	MCKINLEYVILLE CA 95521	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(h), 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 the 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: *Vivian L. Browder Sec* *Vivian L. Browder* 6/8/95 984-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

VIVIAN L. BROWDER

CR2E037 (3/95)