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FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000000834 (1)

1. Corporation Name

FIRE ESCAPE MINISTRIES, INC.



Principal Place of Business

Mailing Address

109 CALL STREET  
STARKE FL 32091  
US

RT 2 BOX 975  
STARKE FL 32091-9500

3. Date Incorporated or Qualified  
02/18/1994

3a. Date of Last Report  
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-3246451

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWDER, VIVIAN L  
RT 2 BOX 975  
STARKE FL 32091

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

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 P ☐ DELETE  
NAME BROWDER, HENRY E  
STREET ADDRESS RT 2 BOX 975  
CITY-ST-ZIP STARKE FL 32091

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BROWDER, PATRICIA L  
STREET ADDRESS RT 2 BOX 975  
CITY-ST-ZIP STARKE FL 32091

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME BROWDER, VIVIAN L  
STREET ADDRESS RT 2 BOX 975  
CITY-ST-ZIP STARKE FL 32091

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MUNN, ROBBIE J  
STREET ADDRESS 833 WEST MADISON  
CITY-ST-ZIP STARKE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TR ☐ DELETE  
NAME HOLLOWAY, CHRIS  
STREET ADDRESS RT 1 BOX 145  
CITY-ST-ZIP LAWTEY FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TR ☐ DELETE  
NAME FILLIYAW, KIMBERLY  
STREET ADDRESS RT 3 BOX 1726  
CITY-ST-ZIP STARKE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*[Handwritten Signature]* 2/10/97 964-4085

SIGNATURE AND TYPED OR PRINTED NAME OF THE SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone (AAA)1234

CR2E037 (9/96)