


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90125 012 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N94000000834

1. Corporation Name

FIRE ESCAPE MINISTRIES, INC.

Principal Place of Business

109 CALL STREET
STARKE FL 32091
US

Mailing Address

~~RT 5 BOX 975~~
~~STARKE FL 32091~~
RT 5 BOX 975
Starke FL 32091



| | | |
|---|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 02/18/1994 4. FEI Number 59-3246451 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

9. Name and Address of Current Registered Agent

BROWDER, VIVIAN L
RT 5 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

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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWDER, HENRY E | 1.2 NAME | |
| STREET ADDRESS | RT 5 BOX 975 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL 32091 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWDER, PATRICIA L | 2.2 NAME | |
| STREET ADDRESS | RT 5 BOX 975 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL 32091 | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWDER, VIVIAN L | 3.2 NAME | |
| STREET ADDRESS | RT 5 BOX 975 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL 32091 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUNN, ROBBIE J | 4.2 NAME | |
| STREET ADDRESS | 833 WEST MADISON | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL | 4.4 CITY-ST-ZIP | |
| TITLE | TR <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLOWAY, CHRIS | 5.2 NAME | |
| STREET ADDRESS | RT 1 BOX 145 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAWTEY FL | 5.4 CITY-ST-ZIP | |
| TITLE | TR <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FILLYAW, KIMBERLY | 6.2 NAME | |
| STREET ADDRESS | RT 3 BOX 1726 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | STARKE FL | 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, with a I other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 **704-964-4285**

CR2E037 (1/98)

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