2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N95000003817

Entity Name: FIRE & HAMMER MINISTRIES, INC.

Current Principal Place of Business:

1033 LONGSTREET DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

1519 CAPITAL CIRCLE N.E.
SUITE 26
TALLAHASSEE, FL 32308

Current Mailing Address:

1033 LONGSTREET DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3334059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER, LESSIE
1033 LONGSTREET DRIVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LYONS, LEE
Address: 4345 COOL EMERALD DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: COLLIER, III, EMORY
Address: 1033 LONG STREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: COLLIER, LESSIE
Address: 1033 LONG STREET DR.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: PACE, DALE
Address: 2525 HARTSFIELD ROAD, UNIT 18
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D ( ) Delete
Name: ROSEMOND, LANISE
Address: 1331 HILLSBORO STREET, APT. A-8
City-St-Zip: UNION CITY, TN 38261 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESSIE COLLIER D 04/07/2009

Electronic Signature of Signing Officer or Director — Date