


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000004729	
1. Entity Name WALLS OF FIRE MINISTRIES INC.	

Principal Place of Business 5301 NW 17TH AVE MIAMI, FL 33142	Mailing Address P.O. BOX 2152 MIAMI, FL 33247 US
--	--

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0601804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THOMPSON, CHARLOTTE
1086 NE 209 TERR
MIAMI, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON, CHARLOTTE 1086 NE 209 TERR MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANTANA, BARBARA 7616 NW 30TH AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HARRIS, ELLA 1794 NW 56 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000327588
04/25/05-80044-015 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte Thompson* 4/19/05 305.331.0159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #