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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001672**

1. Corporation Name
FLAME MINISTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 290857 TAMPA FL 33687-0857	P.O. BOX 290857 TAMPA FL 33687-0857

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 2083	26 P.O. BOX 2083
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUMNER, WA	27 SUMNER, WA
City & State	City & State
23 98390-0460	28 98390-0460
Zip / 24 — Country / 25	Zip / 29 — Country / 30

3. Date Incorporated or Qualifed: 03/25/1996

4. FEI Number: 58-2227705 — ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

REEP, SANDRA
4804 GALLAGHER RD
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name: Jon D. Zuckerman
82 Street Address (P.O. Box Number is Not Acceptable): 15421 Brushwood Dr.
83
84 City: TAMPA **FL** 85 Zip Code: 33624

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 _____ 4-6-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT TZOLOVE, PLAMEN 17119 N WAYNE DR PEARLAND TX 77584	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MATTHEWS, BILL 125 ELK HILLS DRIVE ELK RIVER MN 55330	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STT TZOLOV, DEBBY 17119 N WAYNE DR PEARLAND TX 77584	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MATTHEWS, MARY 125 ELK HILLS DRIVE ELKS RIVER MN 55330	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Plamen Tzolov **SIGNATURE REQUIRED** 4/2/99 813-960-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)