

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000793

1. Entity Name
FLAME OF FIRE INTERNATIONAL, INC.



Principal Place of Business
**515 GORDON AVENUE
PENSACOLA, FL 32507**

Mailing Address
**515 GORDON AVENUE
PENSACOLA, FL 32507**



04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3430736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOOTE, JOHN W
424 CREARY ST
PENSACOLA, FL 32507**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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 FOOTE, JOHN W 424 CREARY ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOOTE, GEORGETTE E 424 CREARY ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POOLE, CHRIS 1565 BROCKTON LANE SOUTH MOBILE, FL 36695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRITCHETT, PAUL 2198 WHITE PINES DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSLOW, TOM 5200 WIGGINS LAKE ROAD WALLNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANCASTER, GREG 2245 CRICKET RIDGE DRIVE CANTONMENT, FL 32533

000000515459
04/29/06-80214-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Georgette E. Foote Georgette E. Foote TD 4-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

850-456-622