

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000793

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLAME OF FIRE INTERNATIONAL, INC.

Current Principal Place of Business:

515 GORDON AVENUE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

515 GORDON AVENUE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3430736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOOTE, JOHN W
515 GORDON AVE
PENSACOLA, FL 32507 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: PD () Delete
Name: FOOTE, JOHN W
Address: 515 GORDON AVE
City-St-Zip: PENSACOLA, FL 32507

Title: S/T () Delete
Name: FOOTE, GEORGETTE E
Address: 515 GORDON AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: GREEN, TERRY
Address: 10785 BAY LEAF DR
City-St-Zip: CITRONELLE, AL 36522

Title: D () Delete
Name: CRITCHETT, PAUL
Address: 5109 WEST STREET
City-St-Zip: INDIAN TRAIL, NC 28079

Title: D () Delete
Name: WINSLOW, TOM
Address: 5200 WIGGINS LAKE ROAD
City-St-Zip: WALLNUT HILL, FL 32568

Title: D () Delete
Name: HAVENER, JOHN
Address: 12022 CR 91
City-St-Zip: LILLIAN, AL 36549

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: D (X) Change () Addition
Name: WINSLOW, TOM
Address: 5200 WIGGINS LAKE ROAD
City-St-Zip: WALNUT HILL, FL 32568

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: GEORGETTE E. FOOTE

S/T

04/23/2009

Electronic Signature of Signing Officer or Director

Date