

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-08-2001 90098 027 ****61.25

DOCUMENT # N98000003014

1. Entity Name

FLAMING FIRE DELIVERANCE MINISTRY, INC.

Principal Place of Business

Mailing Address

1141 BECKNER AVENUE
JACKSONVILLE FL 32218

1141 BECKNER AVENUE
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address *Flaming Fire Deliverance*

Suite, Apt. #, etc.

Ministry, INC.
Suite, Apt. #, etc.

City & State

City & State

5720 Old Kings Rd.
Jacksonville, Florida

Zip

Country

Zip

Country

32254-1156 Duval

4. FEI Number

59-3551703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, LEROY SR.
1141 BECKNER AVE
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

Box 26346 Jax, Fl 32218

5720 Old Kings Rd
Jacksonville

FL

Zip Code

32254-1156

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.

SIGNATURE

Leroy Robinson Sr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P D ROBINSON, LEROY SR.	<input type="checkbox"/> Delete
STREET ADDRESS	1141 BECKNER AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE NAME	SD GREEN, MISHELLE	<input type="checkbox"/> Delete
STREET ADDRESS	1214 LABELLE STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE NAME	MD ROBINSON, ANNIE S	<input type="checkbox"/> Delete
STREET ADDRESS	1141 BECKNER AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

Leroy Robinson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-01

Date

704-757-3960

Daytime Phone #

CR2E037 (10/00)