

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90036 047 ****61.25

DOCUMENT # N98000003014

1. Entity Name
FLAMING FIRE DELIVERANCE MINISTRY, INC.



Principal Place of Business
**1141 BECKNER AVENUE
JACKSONVILLE, FL 32218**

Mailing Address
**5420 OLD KINGS RD
JACKSONVILLE, FL 32254-1156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006 Chg-NP CR2E037 (11/05)

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

**ROBINSON, LEROY SR.
P.O. BOX 26346
5420 OLD KINGS RD
JACKSONVILLE, FL 32254-1156**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Leroy Robinson Sr
Leroy Robinson Sr

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

(NOTE: Registered Agent signature required when reinstating)

3-12-06
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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P D** ☐ Delete
NAME **ROBINSON, LEROY SR.**
STREET ADDRESS **1141 BECKNER AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **SD** ☐ Delete
NAME **GREEN, MISHELLE**
STREET ADDRESS **1214 LABELLE STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **MD** ☐ Delete
NAME **ROBINSON, ANNIE S**
STREET ADDRESS **1141 BECKNER AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Leroy Robinson Sr
Leroy Robinson Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-06 904-751-3960