

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90127 046 \*\*\*\*61.25

**DOCUMENT # N98000003014**



1. Entity Name  
**FLAMING FIRE DELIVERANCE MINISTRY, INC.**

Principal Place of Business      Mailing Address  
**1141 BECKNER AVENUE      5420 OLD KINGS RD**  
**JACKSONVILLE FL 32218      JACKSONVILLE FL 32254-1156**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3551703**      Applied For  
Not Applicable

Zip      Country      Zip      Country      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.**  
**P.O. BOX 26346**  
**5420 OLD KINGS RD**  
**JACKSONVILLE FL 32254-1156**

Name  
Str. Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip

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.*      *1-21-03*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing       **\$5.00 May Be**  
Trust Fund Contribution.      Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, LEROY SR.</b>	NAME	
STREET ADDRESS	<b>1141 BECKNER AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, MISHELLE</b>	NAME	
STREET ADDRESS	<b>1214 LABELLE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	CITY-ST-ZIP	
TITLE	<b>MD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, ANNIE S</b>	NAME	
STREET ADDRESS	<b>1141 BECKNER AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.*      *Leroy Robinson Sr.*      *1-21-03*      *751-3960*  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

CR2E037 (10/02)