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Feb 16, 1999 8:00am
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02-16-1999 90011 027 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006336

1. Corporation Name

THEE REFINER'S FIRE MINISTRIES, INC.

Principal Place of Business

16173 SW 3RD ST
PEMBROKE PINES FL 33027

Mailing Address

16173 SW 3RD ST
PEMBROKE PINES FL 33027



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

65-0873472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PAUL VERA E
16173 SW 3RD ST
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PAUL, VERA E
STREET ADDRESS 16173 SW 3RD ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE D ☐ DELETE

NAME STEWART, CLAIRE H
STREET ADDRESS 11258 NW 14TH CT
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE D ☐ DELETE

NAME LINDSAY, HYACINTH E
STREET ADDRESS 18448 NW 9TH CT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ DELETE

NAME WILLIAMS, ERROL
STREET ADDRESS 205 SW 67TH TERR
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE D ☐ DELETE

NAME THOMAS, BARBARA
STREET ADDRESS 20135 E OAKMONT CIR
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ DELETE

NAME GOSLEY, ICILMA H
STREET ADDRESS 16173 SW 3RD ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Daytime Phone #

CR2E037 (11/98)