

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001313

1. Entity Name

FLAMES OF FIRE MINISTRIES OF GOD, INC.

R

FILED
Jun 23, 2000 8:00 am
Secretary of State

05-26-2000 90077 012 ****70.00

Principal Place of Business

Mailing Address

4309 LAKE LAWNE AVE
ORLANDO FL 32808

4309 LAKE LAWNE AVE
ORLANDO FL 32808-7330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3576911

Applied For

Not Applicable

Zip

Country

Zip

Country

32808

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

WHITSON, ALICE R
4309 LAKE LAWNE AVENUE
ORLANDO FL 32808

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.

SIGNATURE

Alice R. Whitson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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 D ☐ Delete
NAME WHITSON, ALICE R
STREET ADDRESS 4309 LAKE LAWNE AVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Change ☒ Addition
NAME Mary L. Jones
STREET ADDRESS 4309 LAKE LAWNE AVE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☒ Delete
NAME WILLIAMS, WILLIE
STREET ADDRESS 6211 OAKCREST CIR
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Change ☒ Addition
NAME Audrey E. Wyatt
STREET ADDRESS 4274 Mingso St
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☐ Delete
NAME TAYLOR, ERNESTINE
STREET ADDRESS 4309 LAKE LAWNE AVE
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Alice R. Whitson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00

CR2E037 (9/99)