2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE

May 27, 2002 8:00 am³ Secretary of State DOCUMENT # N9900001313 1. Entity Name FLAMES OF FIRE MINISTRIES OF GOD, INC. 05-27-2002 90465 046 ****61.25 Principal Place of Business Mailing Address 4309 LAKE LAWNE AVE 4309 LAKE LAWNE AVE ORLANDO FL 33808 ORLANDO FL 33808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3576911 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITSON, ALICE R Street Address (P.O. Box Number is Not Acceptable) 4309 LAKE LAWNE AVENUE ORLANDO FL 32808 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change ☐ Delete ☐ Addition WHITSON, ALICE R NAME NAME 4309 LAKE LAWNE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 33808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAGREE, CYNTHIA L NAME NAME 4309 LAKE LAWNE AVE STREET ADDRES STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition TAYLOR, ERNESTINE NAME NAME 4309 LAKE LAWNE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 33808 CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition woods, Kimberly J NAME NAME 5936 PARK HAMILTON BLVD #25 STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-7IP CITY-ST-ZIP TITLE **X** Delete TITLE □ Change ☐ Addition reece, shieva NAME NAME 5683 DEERFIELD LANE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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

4-30-02

FILED