

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001313

FILED
Mar 08, 2009
Secretary of State

Entity Name: FLAMES OF FIRE MINISTRIES OF GOD, INC.

Current Principal Place of Business:

4309 LAKE LAWNE AVE
ORLANDO, FL 33808

New Principal Place of Business:

Current Mailing Address:

4309 LAKE LAWNE AVE
ORLANDO, FL 33808

New Mailing Address:

FEI Number: 59-3576911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITSON, ALICE R
4309 LAKE LAWNE AVENUE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITSON, ALICE R
Address: 4309 LAKE LAWNE AVE
City-St-Zip: ORLANDO, FL 33808

Title: D () Delete
Name: TAYLOR, ERNESTINE
Address: 4309 LAKE LAWNE AVE
City-St-Zip: ORLANDO, FL 33808

Title: D (X) Delete
Name: HAM, JANNETTE A
Address: 5427 BLUE TICK DR
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE R WHITSON

D

03/08/2009

Electronic Signature of Signing Officer or Director

Date