

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90115 030 ****61.25

DOCUMENT # N99000001313

1. Entity Name

FLAMES OF FIRE MINISTRIES OF GOD, INC.



Principal Place of Business

**4309 LAKE LAWNE AVE
ORLANDO FL 33808**

Mailing Address

**4309 LAKE LAWNE AVE
ORLANDO FL 33808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3576911**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alice R. Whitson

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITSON, ALICE R	
STREET ADDRESS	4309 LAKE LAWNE AVE	
CITY-ST-ZIP	ORLANDO FL 33808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAGREE, CYNTHIA L	
STREET ADDRESS	4309 LAKE LAWNE AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ERNESTINE	
STREET ADDRESS	4309 LAKE LAWNE AVE	
CITY-ST-ZIP	ORLANDO FL 33808	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, KIMBERLY J	
STREET ADDRESS	5936 PARK HAMILTON BLVD #25	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REECE, SHIEVA	
STREET ADDRESS	5683 DEERFIELD LANE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2-10-03

CR2E037 (10/02)