2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# N99000003043

Entity Name: PUREFIRE MINISTRIES, INC.

Current Principal Place of Business:

1206 N. 20 STREET
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1206 N. 20 STREET
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 65-0931280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUSS, WILLIE
1206 N. 20 STREET
FT. PIERCE, FL 34950 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: PD ( ) Delete
Name: RUSS, WILLIE
Address: 1206 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: VTSD ( ) Delete
Name: RUSS, KARLEEN
Address: 1206 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: CEO ( ) Delete
Name: RUSS, MINNIE
Address: 1805 N. 16TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: BARBER, MICKEY
Address: 2626 S. 29TH ST APT B
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: BARBER, MARGARET
Address: 2626 S. 29TH ST APT B
City-St-Zip: FORT PIERCE, FL 34950

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:

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: KARLEEN RUSS VTSD 05/10/2008

Electronic Signature of Signing Officer or Director — Date