

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003043

FILED  
Apr 30, 2012  
Secretary of State

**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 ( )**

**Name and Address of Current Registered Agent:**

RUSS, WILLIE J  
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  
**Name:** RUSS, WILLIE  
**Address:** 1206 N. 20TH STREET  
**City-St-Zip:** FT. PIERCE, FL 34950

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** KARLEEN RUSS

VP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date