

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005715

FILED  
May 23, 2005  
Secretary of State

**Entity Name:** FLAMES A FIRE INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

979 N.W. BIG HORN CIR.  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

979 N.W. BIG HORN CIR.  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 59-3403891      **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:**

HOLLOWAY, KENNIE M  
979 N.W. BIG HORN CIR.  
PALM BAY, FL 32907      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: LOWERY, THOMAS L DR  
Address: PO BOX 100210  
City-St-Zip: PALM BAY, FL 32910

Title: DV      ( ) Delete  
Name: HOLLOWAY, KENNETH MAE  
Address: 979 N.W. BIG HORN CIR.  
City-St-Zip: PALM BAY, FL 32907

Title: SD      ( ) Delete  
Name: BROUGHTON, MARIA  
Address: 604 CAROL LYNN AVE  
City-St-Zip: MISSOURI CITY, TX 77489

Title: T      ( ) Delete  
Name: JOHNSON, CHARLIE MAE MRS  
Address: RT 3 BOX 543 A  
City-St-Zip: BLAKELY, GA 31723

Title: BM      ( ) Delete  
Name: JOHNSON, EDDIE  
Address: RT 3 BOX 543A  
City-St-Zip: BLAKELY, GA 31723

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: LOWERY, THOMAS L DR  
Address: PO BOX 100134  
City-St-Zip: PALM BAY, FL 32910

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EVANGELIST KENNETH MAE HOLLOWAY

VP

05/23/2005

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

\_\_\_\_\_  
Date