

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005715

FILED
Feb 25, 2006
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 (X)

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:

HOLLOWAY, KENNETH M
979 N.W. BIG HORN CIR.
PALM BAY, FL 32907 US

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: KENNETH MAE HOLLOWAY

02/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOWERY, THOMAS L DR
Address: PO BOX 100134
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: HOLLOWAY, KENNETH M
Address: PO BOX 100134
City-St-Zip: PALM BAY, FL 32910

Title: DV (X) Change () Addition
Name: BROUGHTON, MARIA A
Address: 604 CAROL LYNN AVE
City-St-Zip: MISSOURI CITY, TX 77489

Title: SD (X) Change () Addition
Name: ACEVEDO, ANITA
Address: 604 CAROL LYNN AVE
City-St-Zip: MISSOURI CITY, TX 77489

Title: T (X) Change () Addition
Name: JOHNSON, CHARLIE M
Address: RT 3 BOX 543 A
City-St-Zip: BLAKELY, GA 31723

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

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

PD

02/25/2006

Electronic Signature of Signing Officer or Director

Date