

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005850

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CONSUMING FIRE MINISTRIES, INC.

Current Principal Place of Business:

3043 CONCHO DR
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

PO BOX 3658
PENSACOLA, FL 32516 US

New Mailing Address:

PO BOX 130849
SPRING, TX 77393 US

FEI Number: 59-3601439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTZ, ROBERT S
3043 CONCHO DR
PENSACOLA, FL 32506

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: DP () Delete
Name: DUFFY, SEAN
Address: P.O. BOX 3658
City-St-Zip: PENSACOLA, FL 32516

Title: DST () Delete
Name: DUFFY, KATHY
Address: P.O. BOX 3658
City-St-Zip: PENSACOLA, FL 32516

Title: D () Delete
Name: MANN, MICHAEL
Address: 11961 SW 144 STREET
City-St-Zip: MIAMI, FL 33186

Title: DVP () Delete
Name: MARTZ, ROBERT S
Address: 3043 CONCHO DR
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: FARAIS, BURT
Address: 8594 HWY 98 WEST
City-St-Zip: PENSACOLA, FL 32506

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 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: KATHY DUFFY

DST

04/29/2002

Electronic Signature of Signing Officer or Director

Date