

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005850

FILED
May 30, 2003
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:

14620 PERDIDO KEY DRIVE
SUITE 4
PENSACOLA, FL 32507

Current Mailing Address:

PO BOX 130849
SPRING, TX 77393 US

New Mailing Address:

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:

WEAVER, JIMMY RA
14620 PERDIDO KEY DRIVE
SUITE 4
PENSACOLA, FL 32507

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: JIMMY WEAVER

05/30/2003

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: DP (X) Change () Addition
Name: DUFFY, SEAN
Address: 455 WILDWOOD FOREST DR #3306
City-St-Zip: SPRING, TX 77380

Title: DST (X) Change () Addition
Name: DUFFY, KATHY
Address: 455 WILDWOOD FOREST DR #3306
City-St-Zip: SPRING, TX 77380

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

Title: DVP (X) Change () Addition
Name: MARTZ, ROBERT S
Address: 110 FOREST VIEW DRIVE
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D (X) Change () Addition
Name: FARAIS, BURT
Address: 129 BELWAY
City-St-Zip: PENSACOLA, FL 32507

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

05/30/2003

Electronic Signature of Signing Officer or Director

Date