

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005
Secretary of State

DOCUMENT# N02000005487

Entity Name: POWER 2 KNOW MINISTRIES, INC.

Current Principal Place of Business:

831 LYONS ROAD
APT. #23103
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

831 LYONS ROAD
#23103
COCONUT CREEK, FL 33063 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

JAMES, COYLETTE Y
831 LYONS ROAD
#23103
COCONUT CREEK, FL 33063 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: P () Delete
Name: JAMES, COYLETTE Y
Address: 831 LYONS ROAD #23103
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: VP () Delete
Name: ATKINSON, DEONTIA C
Address: 8387 SAN RAMON
City-St-Zip: LAS VEGAS, NV 89147 US

Title: ST () Delete
Name: LEWIS, VALERIE D
Address: 4044 LAUREL HILL DR.
City-St-Zip: LAS VEGAS, NV 89032

Title: DIR () Delete
Name: SPARKS, SIMONE J
Address: 8630 N. 40TH STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DIR () Delete
Name: SPARKS, COY J
Address: 8600 W. CHARLESTON #1091
City-St-Zip: LAS VEGAS, NV 89117

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: COYLETTE JAMES

PRES

06/01/2005

Electronic Signature of Signing Officer or Director

Date