

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004945

FILED
Jul 07, 2009
Secretary of State

Entity Name: POWER IN PRAISE MINISTRIES INC.

Current Principal Place of Business:

2230 CLEARWATER DR
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

P O BOX 390694
DELTONA, FL 32739

New Mailing Address:

2230 CLEARWATER DR
DELTONA, FL 32738

FEI Number: 16-1758195 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:

MEADOWS, KEVIN L PASTOR
2230 CLEARWATER DR
DELTONA, FL 32738 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: T () Delete
Name: MEADOWS, KEVIN L
Address: 2230 CLEARWATER DR
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: MEADOWS, WANDA I
Address: 2230 CLEARWATER DR
City-St-Zip: DELTONA, FL 32738

Title: T () Delete
Name: LEWIS S, MARIA D
Address: 2230 CLEARWATER DR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MEADOWS, PHYLLIS M
Address: 2230 CLEARWATER DR
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: MEADOWS, ALEXANDRIA I
Address: 2230 CLEARWATER DR
City-St-Zip: DELTONA, FL 32738

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 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: KEVIN MEADOWS

Electronic Signature of Signing Officer or Director

REV

07/07/2009

_____ Date