

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004945

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC3882872726**

**Entity Name:** POWER IN PRAISE MINISTRIES INC.

**Current Principal Place of Business:**

2230 CLEARWATER DR  
DELTONA, FL 32738

**Current Mailing Address:**

P. O. BOX 391478  
DELTONA, FL 32739

**FEI Number:** 16-1758195

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEADOWS, KEVIN LPASTOR  
2230 CLEARWATER DR  
DELTONA, FL 32738 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name MEADOWS, KEVIN L  
Address 2230 CLEARWATER DR  
City-State-Zip: DELTONA FL 32738

Title T  
Name MEADOWS, WANDA I  
Address 2230 CLEARWATER DR  
City-State-Zip: DELTONA FL 32738

Title DIRECTOR OF MEMBERSHIP & MISSIONS  
Name LEWIS S, MARIA D  
Address P.O. BOX 391478  
City-State-Zip: DELTONA FL 32739

Title DIRECTOR OF MAGNIFICATION  
Name HOULKER, TIANNAH N  
Address P.O BOX 391478  
City-State-Zip: DELTONA FL 32739

Title DIRECTOR OF ADMINISTRATION  
Name MEADOWS, ALEXANDRIA I  
Address P.O. BOX 391478  
City-State-Zip: DELTONA FL 32739

*I hereby 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 all other like empowered.*

**SIGNATURE:** KEVIN L. MEADOWS

**PASTOR**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date