

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90394 012 ****61.25

DOCUMENT # N01000004972

1. Entity Name

POWER TO CHANGE MINISTRIES, INC.

(e)

Principal Place of Business

Mailing Address

21632 S.R. 54, #152
 LUTZ FL 33549

changed to:

P.O. BOX 643
 LAND O' LAKES FL 34639-0643

BU144000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12614 McBride Rd.

3. Mailing Address

P.O. Box 643

Suite/Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

Spring Hill, FL 34610

City & State

Land O' Lakes, FL

Zip

Country

34610

U.S.

Zip

Country

33549

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, BRADLEY J ESQ.
 2639 NINTH ST. NORTH
 ST. PETERSBURG FL 33704

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.

N/A

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LOYD, ESTHER E	
STREET ADDRESS	21632 S.R. 54, #152	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELDON	
STREET ADDRESS	806 DEW BLOOM RD.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS A	
STREET ADDRESS	606 GAY ANN DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOEPEL, TERESA C	
STREET ADDRESS	1508 POND LAKE DR.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLANAGAN, PATRICK	
STREET ADDRESS	18005 EAGLE LAKE LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLANAGAN, CHAR	
STREET ADDRESS	18005 EAGLE LAKE LANE	
CITY-ST-ZIP	LUTZ FL 33549	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: *Esther E. Loyd*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02 (813)996-4409
 Date Daytime Phone #

CR2E037 (9/01)

Attachment
R#NO100004972
B0124839

To whom it may concern,

My Corporation is just this past month starting to function at any level at all!!!

When this form came in the mail,

I didn't know what to do with it, AND

thought it at first to not be as important as I later found out.

When I finally obtained an appointment

w/ my atty. he said oops / "why haven't you sent this in?"

PLEASE

forgive my ignorance in starting a ministry!

Sincerely,
Ethel E. LR

If there is a problem,
Please let me know
I will see what I can do
to correct this oversight
By ME!!!