2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000000418

1. Entity Name
POWER OF PRAISE MINISTRIES, INC.

Principal Place of Business	Mailing Address
5914 JOHNSON STREET HOLLYWOOD, FL 33024	8357 N MISSIONWOOD CIR MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
02-0538515
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MONCUR, PATRICK K
8357 N MISSIONWOOD CIR
MIRAMAR, FL 33025

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 06/29/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONCUR, PATRICK K
STREET ADDRESS	8357 N MISSIONWOOD CIR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	MONCUR, ANNAMAE
STREET ADDRESS	8357 N MISSIONWOOD CIR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	ARMBRATER, RACUL
STREET ADDRESS	1777 VENICE LANE #136
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	D
NAME	FARRINGTON, ANABELLE
STREET ADDRESS	7403 NW 76 STREET
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/05/04-80003-015 61.25

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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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #