

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 5914 JOHNSON STREET HOLLYWOOD, FL 33024	Mailing Address 8357 N MISSIONWOOD CIR MIRAMAR, FL 33025
---	--

DO NOT WRITE IN THIS SPACE

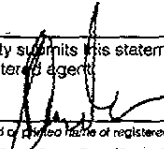


07012004 No Chg-NP CR2E037 (10/03)

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	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

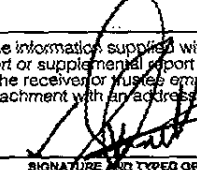
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE 06/29/04 (NOTE: Registered Agent signature required when reinstating)

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

000000159448
08/05/04-80003-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #
---	---	---------------------	--------------------------------

**DO NOT WRITE
IN THIS SPACE**