## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # N0200009151:1-1. Entity Name 02-04-2004 90073 046 \*\*\*\*61.25 POWER TO BECOME MINISTRIES INC. Principal Place of Business Mailing Address 712 BAYOU VIEW DR FT WALTON BCH FL 32547 712 BAYOU VIEW DR FT WALTON BCH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 71-0821607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDANIEL, MILLE E 712 BAYOU VIEW DR Street Address (P.O. Box Number is Not Acceptable) FT WALTON BCH FL 32547 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 077/CEr TITLE Change Addition TITLE ☐ Delete MURPHY, REGINA Millie E McDaniel NAME NAME 517 UNION ST #3C STREET ADDRESS STREET ADDRESS 712 Bayouriew Dr. FT WALTON BCH FL 32547 41a. 3254T CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 3 A MESLIM CDanieL MCDANIEL, MILLIE E NAME NAME 712 BAYOU VIEW DR 712 Bayou Vicu Dr. 712, 32547 STREET ADDRESS STREET ADDRESS FT WALTON BCH FL 32547 CITY-ST-ZIP CITY-ST-ZIP Regina Scott Murph ☐ Defete TITLE ☐ Addition MCDANIEL, JAMES L NAME NAME 712 BAYOU VIEW CR Aurora STREET ADDRESS STREET ADDRESS FT WALTON BCH FL 32547 tricw, 71a 32543 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE Townsend NAME NAME HAT WOOD AVE STREET ADDRESS STREET ADDRESS 3 2 805 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 all other like empowered.

FILED

Daytime Phone #