

2005 NON-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001511

1. Entity Name

POWER TO BECOME MINISTRIES INC.



FILED
Feb 17, 2005 08:00 AM
Secretary of State

Principal Place of Business
712 BAYOU VIEW DR
FT WALTON BCH FL 32547

Mailing Address
712 BAYOU VIEW DR
FT WALTON BCH FL 32547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number
71-0821607

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

MCDANIEL, MILLE E
712 BAYOU VIEW DR
FT WALTON BCH FL 32547

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

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MURPHY, REGINA
517 UNION ST #3C
FT WALTON BCH FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCDANIEL, MILLIE E
712 BAYOU VIEW DR
FT WALTON BCH FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MCDANIEL, JAMES L
712 BAYOU VIEW CR
FT WALTON BCH FL 32547

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
TOWNSEND, ARLENE
2839 HARWOOD AVE.
ORLANDO FL 32805

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

U00000233617
02/17/05-80090-019 61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Millie E. McDaniel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 FEB 13 05

Date

850 314-9473

Daytime Phone #