

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 030 ****61.25

DOCUMENT # N02000001511

1. Entity Name

POWER TO BECOME MINISTRIES INC.



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 (10/05)

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

Millie E. McDaniel Millie E. McDaniel

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MURPHY, REGINA
STREET ADDRESS 517 UNION ST #3C
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition
NAME *D/M/ Millie E. McDaniel*
STREET ADDRESS *712 Bayou View Dr*
CITY-ST-ZIP *32547*

TITLE D ☐ Delete
NAME MCDANIEL, MILLIE E
STREET ADDRESS 712 BAYOU VIEW DR
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition
NAME *JAMES L McDaniel*
STREET ADDRESS *712 Bayou View Dr*
CITY-ST-ZIP *32547*

TITLE D ☐ Delete
NAME MCDANIEL, JAMES L
STREET ADDRESS 712 BAYOU VIEW CR
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE ☐ Change ☐ Addition
NAME *Regina Murphy*
STREET ADDRESS *517 Union St #3C*
CITY-ST-ZIP *FT Walton BCH FL 32547*

TITLE D ☐ Delete
NAME TOWNSEND, ARLENE
STREET ADDRESS 2839 HARWOOD AVE.
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ Change ☐ Addition
NAME *ARlene TownSena*
STREET ADDRESS *2839 Harwood Ave*
CITY-ST-ZIP *ORlando FL 32805*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* (Millie E. McDaniel 4-3-06 (850)347-7493