

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90045 005 ****61.25

DOCUMENT # N02000001511

1. Entity Name

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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, 2007

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

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

TITLE: D ☐ Delete
NAME: MURPHY, REGINA
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: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: *Officer 2012*
STREET ADDRESS: *James L. McDaniel*
CITY- ST- ZIP: *712 Bayou View Dr
FT Walton BCH Fla 32547*

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

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

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

TITLE: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-07 850 347493
7492