## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0200001511

1. Entity Name

## POWER TO BECOME MINISTRIES INC.



**FILED** Jan 16, 2003 8:00 am § Secretary of State

01-16-2003 90142 006 \*\*\*\*61.25

712 BAYOU VIEW DR FT WALTON BCH FL 32547		Mailing Address 712 BAYOU VIEW DR FT WALTON BCH FL 32547							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number Applied For				$\neg$
Zip Country		Zip	Zip Country		7/ - 087 - 1607 Not Applicable  5. Certificate of Status Desired \$8.75 Additional				e
•	6. Name and Address of Current	t Registered Agent	<u> </u>	٠ مريود		ess of New Registered	Fee Requi	ired	╝
			Nan	me	Traine and Addi	ess of New Registered	<u> Аделт</u>		$\dashv$
712 BAY	iel, mille e You view dr Ton BCH FL 32547		Street Address		(P.O. Box Number is Not Acceptable)				
			City	· · ·			Zip Co		4
8. The above	e named entity submits this statement for tions of registered agent.	or the nurnose of changing its	registered office			FL			╛
the obliga	itions of registered agent.	s and pospede of changing its	registered offic	e or registered	a agent, or both, in th	ne State of Florida. I am	íamiliar with	i, and accept	
SIGNATURE	Signature, typed or printed name of registered agent								1
<u> </u>	organization, typed of printed flame of registered agent	and title if applicable. (NOT	E: Registered Agent si	ignature required wh	hen reinstating)	DATE			ļ
15 1 Sept.			<u> </u>						$\dashv$
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	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 DIF	RECTORS	11.	AD	DITIONS/CHANGES	TO OFFICERS AND DI	DECTORS:		4
TITLE	D	☐ Delete	TITLE		DITIONS/CHANGES	TO OFFICERS AND DI			۱,
NAME	MURPHY, REGINA		NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	517 UNION ST #3C		STREET ADDRES	ss					1.0
	FT WALTON BCH FL 32547		CITY-ST-ZIP						1007
TITLE NAME	D MCDANIEL, MILLIE E	Delete	TITLE				☐ Change	Addition	6
STREET ADDRESS	712 BAYOU VIEW DR		NAME						٦
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<u> </u>			CITY-ST-ZIP	_ ]		<b>-</b> -			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_//

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