

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

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N02000002541                                |  |
| <b>1. Entity Name</b><br>POSITIVE POWER EVANGELISM TEAM, INC. |                                                                                   |

|                                                                                |                                                                   |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>2350 NW 30 AVE<br>FT LAUDERDALE FL 33331 | <b>Mailing Address</b><br>PO BOX 9323<br>FORT LAUDERDALE FL 33310 |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------|



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FCI Number</b><br>01-0689305                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b><br><br>TURNER, OTHEL<br>5787 W SUNRISE BLVD<br>PLANTATION FL 33313 |
|---------------------------------------------------------------------------------------------------------------------------|

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| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|                                                              |                                                                                            |                                    |                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>PD                             | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>DOWDELL, VERONICA               |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b><br>2350 NW 30 AVE        |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b><br>FT LAUDERDALE FL 33331 |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |
| <b>TITLE</b><br>VD                             | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>DAVIS, CHERYL                   |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b><br>5626 MAYO ST          |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b><br>HOLLYWOOD FL 33023     |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |
| <b>TITLE</b><br>SD                             | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>DAISE, MARIE                    |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b><br>730 E DAYTON CIR      |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b><br>FT LAUDERDALE FL 33312 |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |
| <b>TITLE</b><br>TD                             | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>NELOMS, JUANITA                 |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b><br>4400 NW 103 ST        |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b><br>LAUDERHILL FL 33313    |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |
| <b>TITLE</b><br>D                              | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>TURNER, PATRICIA                |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b><br>7100 NW 49 CT         |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b><br>LAUDERHILL FL 33319    |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |
| <b>TITLE</b>                                   | <input type="checkbox"/> Delete | <b>TITLE</b>                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                                    |                                 | <b>NAME</b>                                           |                                                                   |
| <b>STREET ADDRESS</b>                          |                                 | <b>STREET ADDRESS</b>                                 |                                                                   |
| <b>CITY- ST- ZIP</b>                           |                                 | <b>CITY- ST- ZIP</b>                                  |                                                                   |

**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:** *Veronica Dowdell* **VERONICA DOWDELL** 2/11/06 (954) 739-725