

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000005487

FILED
Sep 10, 2003
Secretary of State

Entity Name: POWER 2 KNOW MINISTRIES, INC.

Current Principal Place of Business:

6353 HARBOR BEND
MARGATE, FL 33063 US

New Principal Place of Business:

831 LYONS ROAD
APT. #23103
COCONUT CREEK, FL 33063 US

Current Mailing Address:

6353 HARBOR BEND
MARGATE, FL 33063 US

New Mailing Address:

PO BOX 670474
CORAL SPRINGS, FL 33065 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, COYLETTE Y
6353 HARBOR BEND
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

JAMES, COYLETTE Y
831 LYONS ROAD
#231103
COCONUT CREEK, FL 33063 US

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.

SIGNATURE:

09/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES, COYLETTE Y
Address: 6353 HARBOR BEND
City-St-Zip: MARGATE, FL 33063 US

Title: VP () Delete
Name: ATKINSON, DEONTIA C
Address: 8387 SAN RAMON
City-St-Zip: LAS VEGAS, NV 89147 US

Title: ST () Delete
Name: LEWIS, VALERIE D
Address: 4044 LAUREL HILL DR.
City-St-Zip: LAS VEGAS, NV 89032

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, COYLETTE Y
Address: 831 LYONS ROAD
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: SPARKS, SIMONE J
Address: 8415 CORAL LAKE MANOR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DIR () Change (X) Addition
Name: SPARKS, COY J
Address: 11573 NW 43RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COYLETTE Y. JAMES

PRES

09/10/2003

Electronic Signature of Signing Officer or Director

Date