


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90034 017 ****70.00

DOCUMENT # N02000006670
 1. Entity Name
POWER OF THE CROSS MINISTRY, INC.



Principal Place of Business Mailing Address
808 E. GRANGER DR PERRY FL 32348 **P.O. BOX 703 PERRY FL 32348**



2. Principal Place of Business - No P.O. Box # **808 E Granger Dr**
 Suite, Apt. #, etc.
 3. Mailing Address **PO Box 703**
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State **Perry FL** City & State **Perry FL**
 Zip **32348** Country **Taylor** Zip **32348** Country **Taylor**

4. FEI Number **50-0005684** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NOBLES, MARTIN D I
808 E. GRANGER DR
PERRY FL 32348

7. Name and Address of New Registered Agent
 Name **Martin Dennis Nobles I**
 Street Address (P.O. Box Number is Not Acceptable) **808 E Granger Dr**
 City **Perry** State **FL** Zip Code **32348**

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 *Martin D I Nobles I* DATE *2-12-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	CD NOBLES, MARTIN D I P.O. BOX 703 PERRY FL 32348 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BOHANAN, SYLBESTER L P.O. BOX 1133 CRAWFORDVILLE FL 32326 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOBLES, VIVIAN M 2496 GOLF COURSE RD PERRY FL 32348 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Jimmy Palmer 2236 Duitman Rd Albany, Ga 31705 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin D I Nobles I*