2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2004
Secretary of State

DOCUMENT# N03000002348

Entity Name: THE POWER OF GOD MINISTRIES, INC.

Current Principal Place of Business:

458 SANTIGUAY STREET
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

458 SANTIGUAY STREET
PUNTA GORDA, FL 33983

New Mailing Address:

FEI Number: 04-3750123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, AQUILLA
458 SANTIGUAY STREET
PUNTA GORDA, FL 33983

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DIXON, AQUILLA
Address: 458 SANTIGUAY STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: VD ( ) Delete
Name: DIXON, FAY B
Address: 458 SANTIGUAY STREET
City-St-Zip: PUNTA GORDA, FL 33983

Title: STD ( ) Delete
Name: SALMON, EDBERT
Address: 23321 OLEAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D ( ) Delete
Name: LAIDLEY, RALSTON
Address: 2900 NW 27 AVE
City-St-Zip: FT LAUDERDALE, FL 33311

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: T ( ) Change (X) Addition
Name: RICHARDS, BRIDGET
Address: 1855 BRADDACK AVE
City-St-Zip: NORTH PORT, FL 34288

Title: T ( ) Change (X) Addition
Name: MORGAN, MYRTLE
Address: 21150 GERTRUDE
City-St-Zip: PORT CHARLOTTE, FL 33952

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: AQUILLA DIXON PD 03/21/2004

Electronic Signature of Signing Officer or Director — Date