

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002348

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** THE POWER OF GOD MINISTRIES, INC.

**Current Principal Place of Business:**

3596 TAMIAMI TRAIL  
UNIT 2L  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 494263  
PORT CHARLOTTE, FL 33949

**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 US

**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: D ( ) Delete  
Name: LAIDLEY, RALSTON  
Address: 4761 NW 18 CT  
City-St-Zip: LAUDER HILL, FL 33313

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

Title: T ( ) Delete  
Name: MORGAN, MYRTLE  
Address: 25797 AYSER DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date