

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002348

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: THE POWER OF GOD MINISTRIES, INC.

## Current Principal Place of Business:

3596 TAMIAMI TRAIL  
UNIT 212  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

P. O. BOX 494263  
PORT CHARLOTTE, FL 33949

## New Principal Place of Business:

3596 TAMIAMI TRAIL  
UNIT 201  
PORT CHARLOTTE, FL 33952

## 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: VAN ROSSUM, MICHELLE L  
Address: 23078 BREWER AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33980

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 AYSEN 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 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date