2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006428

FILED Apr 29, 2009 Secretary of State

Entity Name: POWER OUTREACH MINISTRIES OF THE APOSTOLIC FAITH, INC.

	Current Principal Place of Business:			New Principal Place of Business:	
	10TH COURT E, FL 33068				
Current Mailing Address:			New Mailing Addı	New Mailing Address:	
	10TH COURT E, FL 33068				
FEI Number	: 20-0142041	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Addres	s of New Registered Agent:	
	10TH COURT	JS			
	e named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU					
	Electronic	Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHAP	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () C GAYLE, WARREN 5530 SW 10TH C MARGATE, FL 33	OURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
only of Zip.	,		City-St-Zip.		
Title: Name: Address:	D () C GAYLE, LORNA 5530 SW 10TH C MARGATE, FL 3:	OURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () C GAYLE, LORNA 5530 SW 10TH C MARGATE, FL 33	OURT 3068 relete IA J	Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () C GAYLE, LORNA 5530 SW 10TH C MARGATE, FL 3: D () C ELLIOTT, CLAUD 4711 NW 41 CT LAUDERDALE LA	OURT 3068 lelete IA J kES, FL 33319 lelete // TREET	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () C GAYLE, LORNA 5530 SW 10TH C MARGATE, FL 3: D () C ELLIOTT, CLAUD 4711 NW 41 CT LAUDERDALE LA D () C WATTS, VALDA N 2937 NW 17TH S FT LAUDERDAL,	OURT 3068 Relete IA J IKES, FL 33319 Relete ITREET FL 33311 Relete COURT	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

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: WARREN A GAYLE D 04/29/2009