2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

5530 SW 10TH COURT
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

5530 SW 10TH COURT
MARGATE, FL 33068

New Mailing Address:

FEI Number: 20-0142041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAYLE, WARREN
5530 SW 10TH COURT
MARGATE, FL 33068 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: D ( ) Delete
Name: GAYLE, WARREN
Address: 5530 SW 10TH COURT
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete
Name: GAYLE, LORNA
Address: 5530 SW 10TH COURT
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete
Name: ELLIOTT, CLAUDIA J
Address: 4711 NW 41 CT
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D ( ) Delete
Name: WATTS, VALDA M
Address: 2937 NW 17TH STREET
City-St-Zip: FT LAUDERDAL, FL 33311

Title: D ( ) Delete
Name: ROSE, IONE
Address: 16200 SW 49TH COURT
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: FYINE, MIRELDA L
Address: 9711 ENCINO DRIVE
City-St-Zip: MERAMAR, FL 33025

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:

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: WARREN A GAYLE D 04/29/2009

Electronic Signature of Signing Officer or Director Date