

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Jun 17, 2004 8:00 am
Secretary of State

4/16

04-16-2004 90026 032 ****70.00

DOCUMENT # N03000007565

1. Entity Name
HOLY SPIRIT POWER MINISTRIES, INC.



Principal Place of Business
**526 SAN GABRIEL CT
WINTER SPRINGS FL 32708**

Mailing Address
**526 SAN GABRIEL CT
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **90-0107077** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**ROLLOCK, EDGAR
526 SAN GABRIEL CT
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edgar A. Rollock* **Edgar A. Rollock, President** 3/29/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	ROLLOCK, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS		526 SAN GABRIEL CT	
CITY-ST-ZIP		WINTER SPRINGS FL 32708	
TITLE	V	CASANOVA, ELIORMINIA	<input type="checkbox"/> Delete
STREET ADDRESS		526 SAN GABRIEL CT	
CITY-ST-ZIP		WINTER SPRINGS FL 32708	
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edgar A. Rollock* **Edgar A. Rollock** 3-29-04 407-928-3837 DATE Daytime Phone #