

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 14, 2005  
Secretary of State**

DOCUMENT# N03000007565

Entity Name: HOLY SPIRIT POWER MINISTRIES, INC.

**Current Principal Place of Business:**

526 SAN GABRIEL CT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

526 SAN GABRIEL CT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: 90-0107077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: P                    ( ) Delete  
Name: ROLLOCK, EDGAR  
Address: 526 SAN GABRIEL CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V                    ( ) Delete  
Name: CASANOVA, ELIORMINIA  
Address: 526 SAN GABRIEL CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR.                    (X) Change ( ) Addition  
Name: ROLLOCK, EDGAR  
Address: 526 SAN GABRIEL CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MS.                    (X) Change ( ) Addition  
Name: WILSON, CHERYL Y  
Address: P O BOX 258  
City-St-Zip: GOTH A, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDGAR ROLLOCK

MR.

08/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date