

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007972

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: POWER - LINE MEDIA MINISTRIES NETWORK CORP.

**Current Principal Place of Business:**

6115 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 835107  
HOLLYWOOD, FL 33083 US

**New Mailing Address:**

FEI Number: 45-0523909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MILLER, SAMUEL S  
6636 ARBOR DR.  
MIRAMAR, FL 33023 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: DP ( ) Delete  
Name: MILLER, SAMUEL S  
Address: 6115 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: DT ( ) Delete  
Name: MARKS, ROSE  
Address: 7240 TROPICANA ST.  
City-St-Zip: MIRAMAR, FL 33023 US

Title: DS ( ) Delete  
Name: MILLER, ALICE  
Address: 6636 ARBOR DRIVE  
City-St-Zip: MIRAMAR, FL 33023 US

Title: D ( ) Delete  
Name: WALLACE, JULIET  
Address: 3031 WINDWARD WAY  
City-St-Zip: MIRAMAR, FL 33025 US

Title: D ( ) Delete  
Name: COVINGTON, BOBBY  
Address: 2230 SW 67TH TER  
City-St-Zip: MIRAMAR, FL 33023 US

**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: SAMUEL MILLER

D P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date