

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007972

FILED
Sep 13, 2008
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 ()
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:

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

DP

09/13/2008

Electronic Signature of Signing Officer or Director

_____ Date