

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009079

FILED  
Sep 11, 2005  
Secretary of State

**Entity Name:** THE POWER OF GOD LIFE DELIVERANCE MINISTRIES INC

**Current Principal Place of Business:**

4638 ROANOKE BLVD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

4638 ROANOKE BLVD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 20-0304667      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:**

EASTON, SABRINA D PASTOR  
4638 ROANOKE BLVD  
JACKSONVILLE, FL 32208      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: PCEO      ( ) Delete  
Name: EASTON, SABRINA  
Address: 6330 BLUEBIRD RD  
City-St-Zip: JACKSONVILLE, FL 32219

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

Title: PCEO      (X) Change      ( ) Addition  
Name: EASTON, SABRINA D  
Address: 4638 ROANOKE BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

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: SABRINA D. EASTON

PCEO

09/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date