

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010653

FILED  
May 04, 2005  
Secretary of State

**Entity Name:** UNITED POWERHOUSE MINISTRIES INCORPORATED

**Current Principal Place of Business:**

1056 COLEMAN ST  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560535  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

BOYKINS, BRENDA L  
1056 COLEMAN ST  
MELBOURNE, FL 32935 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: D ( ) Delete  
Name: BOYKINS, BRENDA L  
Address: 1056 COLEMAN ST  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: BOYKINS, LAWANDA M  
Address: 139 MAGRATH ST  
City-St-Zip: FORT BENNING, GA 31903

Title: D ( ) Delete  
Name: JAMES, APOSTLE KING  
Address: PO BOX 560535  
City-St-Zip: ROCKLEDGE, FL 32955

**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:

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: BRENDA L. BOYKINS

AGEN

05/04/2005

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

\_\_\_\_\_  
Date