OPP600000000

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	······
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800041643908

10/11/04--01009--007 **35.00

04 OCT 11 PM 12: 13
SECRE JARY OF STATE
SECRE JARY OF STATE

OF SOUR

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: PowerPoint Ministries, Inc. (Name of corporation)				
DOCUMENT NUMBER: N04000002440				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Geoffrey C. Harris (Name of contact person)				
PowerPoint Ministries, Inc. (Firm/Company)				
14408 Sheba Road (Address)				
Orlando, Florida 32832 (City/state and zip code)				
For further information concerning this matter, please call:				
Geoffrey C. Harris at (407) 381-9968 (Name of contact person) (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1509 Inange is submitted for a corporation organized under the laws of the der to change its registered office or registered agent, or both, in the	he State of Florida	
1. The name of t	f the corporation: PowerPoint Ministries, Inc.		
2. The principal	al office address: 14408 Sheba Road, Orlando, Florida 32832		
3. The mailing a	; address (if different): Same	<u> </u>	
4. Date of incorp	prporation/qualification: March 8, 2004 Document number	N04000002440)
5. The name and	nd street address of the current registered agent and registered office artment of State:		
	Mark Schiff - Business Filings Inc.	· · _ = _ ·	OF C
	825 Excelsior Dr., Ste 200		DOT 1
	Madison, WI 33717		II P
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or re	egistered office	04 OCT 11 PM 12: 13
	Geoffrey C. Harris	<u> </u>	Þ
	14408 Sheba Road		
	(P.O. Box NOT acceptable) Orlando, Fl. 32832		
	dress of its registered office and the street address of the busines ill be identical.		
Such change wa authorized by th	was authorized by resolution duly adopted by its board of direct the board, or the corporation has been notified in writing of the	ors or by an office change.	r so
Eggre (Signate	Geoffrey C. Harris -	President typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	pt the appointment as registered agent and agree to act in this ce to comply with the provisions of all statutes relative to the promand I am familiar with and accept the obligation of my position eing filed merely to reflect a change in the registered office address been notified in writing of this change.		performance it. Or, if this firm that the
EQUIT.	Signature of Registered Agent)	J 23 ZDO'	<u>t</u>
If signing on be	behalf of an entity:		
Geoffrey C. Hai	(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *