## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002440

Entity Name: POWERPOINT MINISTRIES INC.

FILED Jun 16, 2009 Secretary of State

y	iner i evveri en i i initie i i ile en i e	
Current Principal Place of Business:		New Principal Place of Business:
14408 SHEBA ROAD ORLANDO, FL 32832		5448 HOFFNER AVENUE SUITE 407 ORLANDO, FL 32812
Current Mailing Address:		New Mailing Address:
14408 SHEBA ROAD ORLANDO, FL 32832		5448 HOFFNER AVENUE SUITE 407 ORLANDO, FL 32812
	: 20-0910990 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable ( ) Certificate of Status Desired (X) eive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
HARRIS, GEOFFREY C 14408 SHEBA RD ORLANDO, FL 32832 US		HARRIS, GEOFFREY C 5448 HOFFNER AVENUE SUITE 407 ORLANDO, FL 32812 US
	named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE:		06/16/2009
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete HARRIS, GEOFFREY C 14408 SHEBA RD ORLANDO, FL 32832	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VST () Delete MISSIMER, WADE 6506 FRANCONIA DR BELLE ISLE, FL 32812	Title: D (X) Change ( ) Addition Name: JOHN, ANDERSEN Address: 4444 SEAWATER STREET City-St-Zip: ORLANDO, FL 32812
Title: Name: Address: City-St-Zip:	VP ( ) Delete NEUMANN, DENNIS 6305 GIBSON DR ORLANDO, FL 32809	Title: VP (X) Change ( ) Addition Name: NEUMANN, DENNIS Address: 6305 GIBSON DR. City-St-Zip: ORLANDO, FL 32809
Title: Name: Address: City-St-Zip:	ST () Delete BARBER, TIM 1709 LORENA LANE ORLANDO, FL 32806	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D (X) Delete ANDERSON, JOHN 4444 SEAWATER ST ORLANDO, FL 32812	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: GEOFFREY C. HARRIS P 06/16/2009