


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90029 030 \*\*\*\*69.00

<b>DOCUMENT # N04000005459</b> 1. Entity Name <b>POWER MINISTRIES OF THE WORLD, INC.</b>					
Principal Place of Business <b>134 STEARNS ST GULF BREEZE, FL 32561</b>			Mailing Address <b>134 STEARNS ST GULF BREEZE, FL 32561</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01-0818644</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DUVIGNEAUD, CHRISTY L 925 1/2 E MCBERRY ST TAMPA, FL 33603</b>			Name <b>Christy L. Duvigneaud</b> Street Address (P.O. Box Number is Not Acceptable) <b>134 Stearns Street</b> City <b>Gulf Breeze, FL</b> Zip Code <b>32561</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Christy L. Duvigneaud</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DUVIGNEAUD, JOSEPH D II</b> <b>134 STEARNS ST</b> <b>GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <b>DUVIGNEAUD, CHRISTY L II</b> <b>134 STEARNS ST</b> <b>GULF BREEZE, FL 32561</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Duvigneaud, Christy L.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Peggy, Sandra</b> <b>16 Bluebird Street</b> <b>New Orleans, LA 70124</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Christy L. Duvigneaud</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

(850) 916-2978  
Daytime Phone \*