

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000005459

1. Entity Name  
POWER MINISTRIES OF THE WORLD, INC.



Principal Place of Business  
134 STEARNS ST  
GULF BREEZE, FL 32561

Mailing Address  
134 STEARNS ST  
GULF BREEZE, FL 32561

FILED

06 APR 24 AM 8:13

FLORIDA STATE  
TALLAHASSEE, FLORIDA



04062006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number  
01-0818644

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DUVIGNEAUD, CHRISTY L  
134 STEARNS STREET  
GULF BREEZE, FL 32561

**DO NOT WRITE  
IN THIS SPACE**

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

*Christy L. Duvigneaud Vice President* 4/7/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DUVIGNEAUD, JOSEPH D II  
STREET ADDRESS 134 STEARNS ST  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VSTD  
NAME DUVIGNEAUD, CHRISTY  
STREET ADDRESS 134 STEARNS ST  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE D  
NAME DESALVO, DONDR  
STREET ADDRESS 16 BLUEBIRD STREET  
CITY-ST-ZIP NEW ORLEANS, LA 70124

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*BR4/24*

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Christy L. Duvigneaud* 4/7/06 (850) 916-2978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Christy L. Duvigneaud*