



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90407 037 \*\*\*\*61.25

<b>DOCUMENT # N04000008960</b> 1. Entity Name <b>CHRIST IS POWER, INC.</b>					
Principal Place of Business <b>% DORIS DECHARIO</b> <b>1631 W. ORANGECREST AVE.</b> <b>PALM HARBOR, FL 34683</b>				Mailing Address <b>% DORIS DECHARIO</b> <b>1631 W. ORANGECREST AVE.</b> <b>PALM HARBOR, FL 34683</b>	
2. Principal Place of Business - No P.O. Box # <b>200 - 2nd Ave. S.</b>		3. Mailing Address <b>200 - 2nd Ave. S.</b>		  04192007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. <b>#313</b>		Suite, Apt. #, etc. <b>#313</b>			
City & State <b>St. Petersburg, FL</b>		City & State <b>St. Petersburg, FL</b>			
Zip <b>33701</b>	Country <b>Pinellas</b>	Zip <b>33701</b>	Country <b>Pinellas</b>		
4. FEI Number <b>05-0609380</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPEIGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22 ST 4TH FL</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARTLES, ROBERT</b> <b>9100 - 46TH STREET, NO 1</b> <b>PINELLAS PARK, FL 33782</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DECHARIO, DORIS I</b> <b>1631 W ORANGECREST AVE</b> <b>PALM HARBOR, FL 34683</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRUDER, BEVERLY</b> <b>5330 SPRINGWOOD BLVD</b> <b>PINELLAS PARK, FL 33782</b>			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Delete	
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: <i>Doris De Chario</i> <b>4-27-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	