## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 05, 2008 8:00 am Secretary of State DOCUMENT # N04000008960 05-05-2008 90228 015 \*\*\*\*61.25 CHRIST IS POWER, INC. Principal Place of Business Mailing Address 200-2ND AVE. S. 200-2ND AVE. S. #313 #313 SAINT PETERSBURG, FL 33701 SAINT PETERSBURG, FL 33701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 100 ULMERION SAMe Suite. Act. #. etc. 05012008 Cha-NP CR2E037 (12/06) 4. FEI Number 05-0609380 City & State Applied For Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 45A Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPEIGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4TH FL MIAMI, FL: 33145 or 8 of College phase in all conducts Zip Code 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. nes SIGNATURE (NOTE: Registered Agent signature required when reinst 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TM F Change BARTLES, ROBERT NAME NAME STREET ADDRESS 9100 - 46TH STREET, NO 1 STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-7P CITY-ST-7/P TREASURE JONES DORIS A 7100 ÚLMERTON RA#834 Change TITLE ☐ Delete TITLE NAME DEGHARIO, DORIS I .200-2ND AVE. S. #313 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG, FL 33701-CITY-ST-ZIP LARGO FL 33771 Addition ☐ Delete NAME TO POST BRUDER, BEVERLY NAME 5330 SPRINGWOOD BLVD STREET ADDRESS STREET ADDRESS CITY-SI-7IP PINELLAS PARK, FL 33782 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Oelete me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - ☐ Addition - - Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 regener 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 fall gither like empowered.

**FILED** 

DORIS I. JUNGS Bres had bord for the special to the

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: