

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90002 030 ****70.00

DOCUMENT # N05000001288

1. Entity Name

IN HIS POWER ONLY MINISTRIES INC.



Principal Place of Business

6045 GRAND BOULEVARD
NEW PORT RICHEY FL 34652

Mailing Address

6045 GRAND BOULEVARD
NEW PORT RICHEY FL 34652



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEE Number

960783245

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ANGELIQUE D
6045 GRAND BOULEVARD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ADAMS, ANGELIQUE D
STREET ADDRESS 6045 GRAND BOULEVARD
CITY - ST - ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE OD
NAME MICHAEL JAMES CORRAO CADWELL
STREET ADDRESS 6045 GRAND BOULEVARD
CITY - ST - ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE OD
NAME CORRAO, FRANCIS MARIE
STREET ADDRESS 1979 SUGAR MILL RD
CITY - ST - ZIP ST BERNARD LA 70085 ☐ Delete *Frances*

TITLE OD
NAME CORRAO, LENA
STREET ADDRESS 1979 SUGAR MILL RD
CITY - ST - ZIP ST BERNARD LA 70085 ☒ Deleted *Deleted*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

Angelique D. Adams

9-4-2006

737
848
1576