2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001288

Entity Name: IN HIS POWER ONLY MINISTRIES INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6045 GRAND BOULEVARD 9831 AQUARIUS DR

NEW PORT RICHEY, FL 34652 UNIT #4

PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

6045 GRAND BOULEVARD 9831 AQUARIUS DR

NEW PORT RICHEY, FL 34652 UNIT # 4

PORT RICHEY, FL 34668

FEI Number: 76-0783245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, ANGELIQUE D ST. HILIARE, ANGELIQUE D 6045 GRAND BOULEVARD ST. HILIARE, ANGELIQUE D 9831 AQUARIUS DR

NEW PORT RICHEY, FL 34652 US UNIT#4

PORT RICHEY, FL 34668 US

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.

SIGNATURE: ANELIQUE D. ST. HILIARE 02/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:ADAMS, ANGELIQUE DName:ST. HILIARE, ANGELIQUE DAddress:6045 GRAND BOULEVARDAddress:9831 AQUARIUS DRCity-St-Zip:NEW PORT RICHEY, FL 34652City-St-Zip:PORT RICHEY, FL 34668

Title: OD () Delete Title: SD (X) Change () Addition

Name: MICHAEL JAMES CORRAO, CADWELL Name: MORA RICK - SENIOR, DIRECTOR - PA S TOR

Address: 6045 GRAND BOULEVARD Address: 9831 AQUARIUS DR UNIT # 4
City-St-Zip: NEW PORT RICHEY, FL 34668
City-St-Zip: PORT RICHEY, FL 34668

Title: OD (X) Delete Title: () Change () Addition

 Name:
 CORRAO, FRANCES MARIE
 Name:

 Address:
 1979 SUGAR MILL RD
 Address:

 City-St-Zip:
 ST BERNARD, LA 70085
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANELIQUE D. ST. HILIARE PRES 02/01/2007