2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# N05000001288

Entity Name: IN HIS POWER ONLY MINISTRIES INC.

Current Principal Place of Business:

3400 ELKRIDGE DR.
HOLIDAY, FL 34691 US

New Principal Place of Business:

Current Mailing Address:

3400 ELKRIDGE DR.
HOLIDAY, FL 34691 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ST. HILIARE, ANGELIQUE D PASTOR
9806 N 11TH ST
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

ST. HILIARE, ANGELIQUE D DOCTOR
3400 ELKRIDGE DR
HOLIDAY, FL 34691 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: DR. ANGELIQUE D NORRIS ST HILIARE 04/30/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ST. HILIARE, ANGELIQUE D NORRIS
Address: 3400 ELKRIDGE DR.
City-St-Zip: HOLIDAY, FL 34691 US

Title: 0
Name: COOPER, JAMES A
Address: 3530 60TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: 0
Name: KENNEDY, MEGAN A
Address: 17308 RIDGELINE TRAIL
City-St-Zip: HUDSON, FL 34667

Title: 0
Name: KELSEY, BRITTANY F
Address: 236 S.E.MONROE CIR. N.
City-St-Zip: ST PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: ANGELIQUE DAWN NORRIS ST HILIARE PRES 04/30/2010
Electronic Signature of Signing Officer or Director Date