2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2011
Secretary of State

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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:

4245 MANAHI DRIVE
VILLA 2A
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

3400 ELKRIDGE DR.
HOLIDAY, FL 34691 US

New Mailing Address:

4245 MANAHI DRIVE
VILLA 2A
NEW PORT RICHEY, FL 34653 US

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

Name and Address of Current Registered Agent:

ST. HILIARE, ANGELIQUE D DOCTOR
3400 ELKRIDGE DR
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

ST. HILIARE, ANGELIQUE D DOCTOR
4245 MANAHI DRIVE
VILLA 2A
NEW PORT RICHEY, FL 34653 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: _____ 03/12/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ST. HILIARE, ANGELIQUE D NORRIS
Address: 4245 MANAHI DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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

Title: 0
Name: EDWARDS, PEGGY R
Address: 4245 MANAHI DRIVE VILLA 2B
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: 0
Name: CADWELL, MICHAEL J
Address: 1024 45TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: 0
Name: STUKA, DAVID P
Address: 1024 45TH AVENUE NORTH
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: DR ANGELIQUE D. NORRIS ST HILIARE DP 03/12/2011
Electronic Signature of Signing Officer or Director — Date