2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N05000001330

Entity Name: POWER OF FAITH MINISTRIES, INC.

Current Principal Place of Business:

11116 DESOTO RD
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

11116 DESOTO RD
RIVERVIEW, FL 33578

New Mailing Address:

FEI Number: 34-2036864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

INGRAM, SHIRLEY L REV.
11116 DESOTO RD
RIVERVIEW, FL 33578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: INGRAM, SHIRLEY L REV.
Address: 11116 DESOTO RD
City-St-Zip: RIVERVIEW, FL 33578

Title: D ( ) Delete
Name: INGRAM, JAMES L JR.
Address: 11116 DESOTO RD
City-St-Zip: RIVERVIEW, FL 33578

Title: D ( ) Delete
Name: GRIFFIN, SHEILA M
Address: PO BOX 16
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: GREGORY, EMILY L
Address: 10023 OAKFOREST DR
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHIRLEY L. INGRAM REV. 06/26/2009

Electronic Signature of Signing Officer or Director — Date