

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005544

FILED  
Jun 20, 2009  
Secretary of State

**Entity Name:** THE POWERFUL INTERNATIONAL PRIESTHOOD MINISTRY, INC

**Current Principal Place of Business:**

5639 NW 101 DR  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

5639 NW 101 DR  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 20-3034298      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

DESRIVIERES, JOSEPH  
5639 NW 101 DR  
CORAL SPRINGS, FL 33076      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: DP      ( ) Delete  
Name: MILLIEN, IMMACULA G  
Address: 5639 NW 101 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DV      ( ) Delete  
Name: DESRIVIERES, JOSEPH  
Address: 5639 NW 101 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DS      ( ) Delete  
Name: COURAGEUX, EDELINE  
Address: 1423 SOUTH M  
City-St-Zip: LAKE WORTH, FL 33460

Title: DT      ( ) Delete  
Name: MILIEN, JEAN D  
Address: 5639 NW 101 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D      ( ) Delete  
Name: MILIEN, JOSEPH R  
Address: 5639 NW 101 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D      ( ) Delete  
Name: CHERY, ELUCIA  
Address: 5639 NW 101 DR  
City-St-Zip: CORAL SPRINGS, FL 33076

**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:

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: IMMACULA G MILLIEN

PD

06/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date