

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90048 022 \*\*\*\*70.00

<b>DOCUMENT # N05000005729</b>					
<b>1. Entity Name</b> POWER HOUSE FAITH & DELIVERANCE CHURCH MINISTRIES, INC.					
<b>Principal Place of Business</b> 2360 N.W. 152ND TER MIAMI GARDENS, FL 33054 US			<b>Mailing Address</b> P O BOX 246166 PEMBROKE PINES, FL 33024 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 04-3817019				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ACOSTA, ELVIRA ENR AGT 3809 W FLAGLER ST MIAMI, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P SMITH-DIXON, RENEE M 7724 ALHAMBRA BLVD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP CELIA A CLARK 7350 GRANDVIEW BLVD MIRAMAR FL 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP DIALS, BENJAMIN E 14666 S. W. 128TH COURT RD MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T RONALD K. SINGLETON SR 7740 TATUM WATERWAY DR #5 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP DIXON, CHAVONA M 7000 N. W. 13TH AVE MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SEC MCGUIRE, EDNA G 7724 ALHAMBRA BLVD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREA MILLER, ELLIOTT M 7000 N. W. 13TH AVE MIAMI, FL 33147	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Renee M. Smith-Dixon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/27/07</i> <small>Daytime Phone #</small>		