

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 003 ****70.00

DOCUMENT # N06000004196

1. Entity Name
GREG POWE MINISTRIES, INC.



Principal Place of Business
5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

Mailing Address
5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1783146

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

40040000



6. Name and Address of Current Registered Agent

POWE, GREG
5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME POWE, GREG PASTOR
STREET ADDRESS 5201 NORTH ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33603

TITLE D ☐ Delete
NAME POWE, DEBORAH
STREET ADDRESS 5201 NORTH ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33603

TITLE D ☐ Delete
NAME POWE, GREGORY A
STREET ADDRESS 5201 NORTH ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Deborah H. Powe *Deborah H. Powe* 3/20/07 813-394-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #