

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 048 ****70.00

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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

40007477



DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
06-1783146

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWE, GREG
5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

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IN THIS SPACE**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08

Date

813-354-1135

Daytime Phone #