

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004196

FILED
Feb 12, 2009
Secretary of State

Entity Name: GREG POWE MINISTRIES, INC.

Current Principal Place of Business:

5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 06-1783146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWE, GREG
5201 NORTH ARMENIA AVENUE
TAMPA, FL 33603 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: POWE, GREG PASTOR
Address: 5201 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: POWE, DEBORAH
Address: 5201 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: POWE, GREGORY A
Address: 5201 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

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:

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: DEBORAH H. POWE

D

02/12/2009

Electronic Signature of Signing Officer or Director

Date