


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 031 ****61.25

DOCUMENT # N33391	
1. Entity Name	
LOVE, FAITH AND POWER MINISTRIES, INC.	

Principal Place of Business	Mailing Address
P.O. BOX 20336 WEST PALM BEACH FL 33416	P.O. BOX 20336 WEST PALM BEACH FL 33416



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

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIGAN, BERNARD A. 1007 FLAMINGO DRIVE WEST PALM BEACH FL 33401		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIGAN, BERNARD A.	NAME	
STREET ADDRESS	1007 FLAMINGO DR.	STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33401	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, CHCKISHIA L	NAME	
STREET ADDRESS	2111 BRANDYWINE RD., APT 513	STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33409	CITY-STATE-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAYBOY, BEGONIA	NAME	
STREET ADDRESS	1221 KIRK RD.	STREET ADDRESS	1907 Dock ST
CITY-STATE-ZIP	WEST PALM BEACH FL 33406	CITY-STATE-ZIP	WEST PALM Bch. FL 33401
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, PHILLIP	NAME	
STREET ADDRESS	1221 T AVE	STREET ADDRESS	
CITY-STATE-ZIP	RIVIERA BEACH FL	CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNTZ, GAYNELL	NAME	D
STREET ADDRESS	1907 DOCK ST.	STREET ADDRESS	Daniella Donovan
CITY-STATE-ZIP	WEST PALM BEACH FL 33401	CITY-STATE-ZIP	17839 Thelma AVE.
TITLE	<input type="checkbox"/> Delete	TITLE	Jupiter FL. 33458
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Harrigan Bernard A. Bernard A. Harrigan 02-01-07 889-7172 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #