

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

25 APR 28 PM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000001271 (6)
 1. Corporation Name
THE POWER IN THE BLOOD MINISTRIES, INC.

Principal Place of Business Mailing Address
798 FIELD STREET OVIEDO FL 32765 **798 FIELD STREET OVIEDO FL 32765**

2. Principal Place of Business 2a. Mailing Address
 21 **147 S. HIGHLAND** 26 **147 S. HIGHLAND**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Winter Garden, FL** 27 **Winter Garden, FL**
 City & State City & State
 24 **34787** 25 **USA** 29 **34787** 30 **USA**
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **03/19/1993** 3a. Date of Last Report **05/01/1994**
 4. FBI Number **59-3178769** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PANKE, FREDERICK REV
798 FIELD STREET
OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name **PANKE, FREDERICK REV**
 82 Street Address (P.O. Box Number is Not Acceptable) **147 S. HIGHLAND**
 83
 84 City **Winter Garden, FL** 85 Zip Code **34787**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frederick Panke / Frederick Panke* DATE: *April 16, 1995*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PANKE, FREDERICK
STREET ADDRESS	798 FIELD ST
CITY - ST - ZIP	OVIEDO FL
TITLE	VPD
NAME	SHAHER, DALE
STREET ADDRESS	25033 CELESTIAL ST.
CITY - ST - ZIP	CHRISTMAS FL
TITLE	TD
NAME	SHAHER, MELODY D
STREET ADDRESS	25033 CELESTIAL ST
CITY - ST - ZIP	CHRISTMAS FL
TITLE	SD
NAME	PANKE, MARGARET M
STREET ADDRESS	798 FIELD ST.
CITY - ST - ZIP	OVIEDO FL
TITLE	D
NAME	PANKE, ROBERT C
STREET ADDRESS	11531 REVENUE CT.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	147 S HIGHLAND
1.4 CITY - ST - ZIP	Winter Garden, FL 34787
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	147 S. Highland
4.4 CITY - ST - ZIP	Winter Garden, FL 34787
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PANKE, John S.
5.3 STREET ADDRESS	147 S. Highland
5.4 CITY - ST - ZIP	Winter Garden, FL 34787
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUTH E. Van Wyk
6.3 STREET ADDRESS	3653 Glenhawn Lane
6.4 CITY - ST - ZIP	Green Bay, Wisconsin 54301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption titled in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frederick Panke / Frederick Panke* DATE: *April 16, 1995* (907) 877-9519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)