

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

147 S. HIGHLAND
WINTER GARDEN FL 34787
US

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WINTER GARDEN FL 34787
US

3. Date Incorporated or Qualified
03/19/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3178769

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANKE REV. FREDERICK
147 S. HIGHLAND
WINTER GARDEN FL 34787

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PANKE, FREDERICK	
STREET ADDRESS	147 S HIGHLAND	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SHAFFER, DALE	
STREET ADDRESS	25033 CELESTIAL ST.	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHAFFER, MELODY D	
STREET ADDRESS	25033 CELESTIAL ST	
CITY-ST-ZIP	CHRISTMAS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PANKE, MARGARET M	
STREET ADDRESS	147 S HIGHLAND	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PANKE, ROBERT C	
STREET ADDRESS	147 S HIGHLAND	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN WYK, RUTH E.	
STREET ADDRESS	3656 GLENHAVEN LANE	
CITY-ST-ZIP	GREEN BAY WI	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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4-25-96
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 April 15, 1996 1-800-484-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)