


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000005181	
1. Entity Name POWER PLUS MINISTRIES, INC.	

Principal Place of Business 6701 E. SMOOTH BORE AVE. GLEN ST MARY, FL 32040 US	Mailing Address P.O. BOX 1406 MACLENNY, FL 32063 US
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03062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3207242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOLBROOKS, E A 6701 E. SMOOTH BORE AVE. GLEN ST MARY, FL 32040
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000469723
03/27/06-80011-014 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RHODEN, WANDA K 270 N ELM ST LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, CURTIS E 270 N ELM ST LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLBROOKS, PRISCILLA L 6701 E. SMOOTH BORE AVE. GLEN ST MARY, FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Priscilla Holbrooks Priscilla Holbrooks 3/15/06 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #