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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005932 (7)
1. Corporation Name
POWER TAP MINISTRIES, INC.



Principal Place of Business 503 WYLLY AVENUE SANFORD FL 32773	Mailing Address 503 WYLLY AVENUE SANFORD FL 32773
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3. Date Incorporated or Qualified 12/15/1995	
4. FEI Number 59-3366175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BUTLER, HARVEY
503 WYLLY AVENUE
SANFORD FL 32773**

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE Harvey Butler DATE 2-28-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, HARVEY	
STREET ADDRESS	503 WYLLY AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, ROY	
STREET ADDRESS	1313 CYPRESS AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, MALCOLM	
STREET ADDRESS	12750 S.W. 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODFIN, CATRINA	
STREET ADDRESS	503 WYLLY AVENUE	
CITY-ST-ZIP	SYLACAUGA AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOODFIN, CATRINA	
STREET ADDRESS	503 WYLLY AVENUE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUTLER, FLORENCE	
STREET ADDRESS	503 WYLLY AVENUE	
CITY-ST-ZIP	SANFORD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	SANFORD FL 32773
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Buster Martin
5.4 CITY-ST-ZIP	14 Hodges Loop
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Sylacauga AL 35150

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Harvey Butler DATE 2-28-98

CP2E037 (10/97)