

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001868 (6)

1. Corporation Name

POWERPAK MINISTRIES, INC.

Principal Place of Business

1506 KIRBY STREET  
PALATKA FL 32177

Mailing Address

1506 KIRBY STREET  
PALATKA FL 32177

2. Principal Place of Business

21 1621 St. Johns Avenue

Suite, Apt. #, etc.

City & State

23 Palatka FL

Zip

24 32177

Country

2a. Mailing Address

26 P O Box 2103

Suite, Apt. #, etc.

City & State

28 Palatka FL

Zip

29 32178

Country

9. Name and Address of Current Registered Agent

BALDWIN, LORRAINE P  
1506 KIRBY STREET  
PALATKA FL 32177

81 Name

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

1621 St. Johns Avenue

83

84 City Palatka

FL

85 Zip Code 32177

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

59-3384671

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME BALDWIN, LORRAINE

STREET ADDRESS 1506 KIRBY STREET

CITY-ST-ZIP PALATKA FL 32177

☐ DELETE

TITLE VD

NAME BALDWIN, SAMUEL JR

STREET ADDRESS 1506 KIRBY STREET

CITY-ST-ZIP PALATKA FL 32177

☐ DELETE

TITLE TD

NAME BENJAMIN, RUTH E

STREET ADDRESS 2113 GEARY STREET

CITY-ST-ZIP PALATKA FL 32177

☐ DELETE

TITLE SD

NAME PASSMORE, BERTHA

STREET ADDRESS RT 4 BOX 1650, LOT #8

CITY-ST-ZIP PALATKA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Lorraine Baldwin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/98 (904) 329-9463

CR2E037 (5/98)