

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001868

FILED  
May 09, 2005  
Secretary of State

Entity Name: POWERPAK MINISTRIES, INC.

## Current Principal Place of Business:

1621 ST JOHNS AVENUE  
PALATKA, FL 32177 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 2103  
PALATKA, FL 32178 US

## New Mailing Address:

FEI Number: 59-3384671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BALDWIN, LORRAINE P  
1621 ST JOHNS AVENUE  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BALDWIN, LORRAINE  
Address: 1621 ST JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: VD ( ) Delete  
Name: BALDWIN, SAMUEL JR  
Address: 1621 ST JOHNS AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: BENJAMIN, RUTH E  
Address: 2113 GEARY STREET  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: PASSMORE, BERTHA  
Address: RT 4 BOX 1650, LOT #8  
City-St-Zip: PALATKA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE BALDWIN

PD

05/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date