


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003401 (4)**  
 1. Corporation Name  
**EVANGELICAL POWER MINISTRY INC.**



Principal Place of Business 2159 PORTLAND AVENUE WELLINGTON FL 33414	Mailing Address 2159 PORTLAND AVENUE WELLINGTON FL 33414-8008
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2. Principal Place of Business 21 905 Second Street Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, Fl. Zip 24 33401	2a. Mailing Address 26 2159 Portland Ave. Suite, Apt. #, etc. 27 City & State 28 Wellington, Fl. Zip 29 33414	3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report New Incorp.	4. FEI Number 65-067-6973	5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 USA	30 USA						7. Additional Fees \$8.75 \$5.00 May Be Added to Fees N/A

9. Name and Address of Current Registered Agent LAFORTUNE, JEAN C 2159 PORTLAND AVENUE WELLINGTON FL 33414	10. Name and Address of New Registered Agent 81 Name 82 Street Address 83 84 City Wellington FL 85 Zip Code 33414
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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: Jean C. LaFortune *Jean C. LaFortune* DATE: 1/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D President/Tres. D	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Jean C. LaFortune		1.2 NAME	
STREET ADDRESS 2159 Portland Ave.		1.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl 33414		1.4 CITY-ST-ZIP	
TITLE D- Vice Pres. D	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Ashley LaFortune		2.2 NAME	
STREET ADDRESS 2159 Portland Ave.		2.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl. 33414		2.4 CITY-ST-ZIP	
TITLE D- Sec. D	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME Mirium LaFortune		3.2 NAME	
STREET ADDRESS 2159 Portland Ave.		3.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fl. 33414		3.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Jean C. LaFortune *Jean C. LaFortune* DATE: 1/10/97 (561/790-5542)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0041217

CR2E037 (9/96)