

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jan 12, 2008
Secretary of State

DOCUMENT# N96000004161

Entity Name: THE POWER OF FAITH MINISTRIES INTERNATIONAL, INC.**Current Principal Place of Business:**727 S. 21ST AVENUE
HOLLYWOOD, FL 33020 US**New Principal Place of Business:****Current Mailing Address:**727 S. 21ST AVENUE
HOLLYWOOD, FL 33020 US**New Mailing Address:****FEI Number:** 65-0688934**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHAMBERS, DELROY R PASTOR
1812 N 26TH AVE
HOLLYWOOD, FL 33020 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: DIR () Delete
Name: CHAMBERS, YVONNE M MIN.
Address: 1812N 26TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: DIR () Delete
Name: HALL, HORACE MIN.
Address: 822 NW 7TH TERRACE APT 1
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DIR. () Delete
Name: CAMPBELL, GWENDOLYN EVANG.
Address: 6756 PANSY DRIVE
City-St-Zip: MIRAMAR, FL 330234863

Title: DIR. () Delete
Name: ROSE, JOCELYN ASST.PA
Address: 105 GATE RD
City-St-Zip: HOLLYWOOD, FL 33024

Title: DIR () Delete
Name: CHAMBERS, DELROY R SNR.PA.
Address: 1812N 26TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: M () Delete
Name: GURLEY, GWENDOLYN MIN.
Address: 4031 SW 43 AVE
City-St-Zip: HOLLYWOOD, FL 33023

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:

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

Title: M (X) Change () Addition
Name: ROSE, OWEN MIN.
Address: 105 GATE RD
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REV. DR. DELROY R. CHAMBERS

S/PA

01/12/2008

Electronic Signature of Signing Officer or Director

Date