2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005832

FILED Apr 11, 2009 Secretary of State

Entity Name: POWER HOUSE OF GOD MINISTRIES, FAITH TEMPLE INC.

Current Principal Place of Business: New Principal Place of Business:

5500 NW 5TH CT MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

5500 N.W. 5TH COURT MIAMI, FL 33127

FEI Number: 65-0709288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEAVER, LEONARD L SR.

5500 N.W. 5TH CT
MIAMI, FL 33217 US

WEAVER SR, LEONARD L REV
5500 N.W. 5TH CT
MIAMI, FL 33217 US

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: REV LEONARD L WEAVER SR 04/11/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WEAVER, LESTER
 Name:
 LARRY, SUSAN

 Address:
 2608 PASCO ST
 Address:
 1250 NW 84TH TERRACE

City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: MIAMI, FL 33147

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 WEAVER, LEONARD L SR
 Name:
 WEAVER SR, LEONARD L REV

 Address:
 5500 N.W. 5TH CT
 Address:
 5500 N.W. 5TH CT

Address: 5500 N.W. 51H C1 Address: 5500 N.W. 51H C City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33127

Title: SDTD () Delete Title: () Change () Addition

 Name:
 CARTER-WEAVER, BARBARA
 Name:

 Address:
 5500 N.W. 5TH CT
 Address:

 City-St-Zip:
 MIAMI, FL 33127
 City-St-Zip:

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 LEONARD L WEAVER SR DP 04/11/2009