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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005952 (4)

1. Corporation Name

POWER-LINE MINISTRIES, INC.



Principal Place of Business

Mailing Address

658 N DIXIE HWY
HOLLYWOOD FL 33020

658 N DIXIE HWY
HOLLYWOOD FL 33020-3906

3. Date Incorporated or Qualified
11/18/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

Country

25

Zip

29

Country

30

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip Country

29

Country

30

4. FEI Number

65-0718505

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, SAMUEL
658 N DIXIE HWY
HOLLYWOOD FL 33020

81 Name

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

83

84 City

FL

85 Zip Code

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 signatures required when reinstating)

04/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MILLER, SAMUEL
STREET ADDRESS 658 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME MILLER, ALICE
STREET ADDRESS 658 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME GRAHAM, BERA
STREET ADDRESS 658 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020

3.1 TITLE Change Addition
3.2 NAME D VERA GRAHAM
3.3 STREET ADDRESS 658 N DIXIE HWY
3.4 CITY-ST-ZIP HOLLYWOOD FL. 33020

TITLE D DELETE
NAME RANKIN, LOUIS
STREET ADDRESS 658 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME DALEY, OTIS
STREET ADDRESS 658 N DIXIE HWY
CITY-ST-ZIP HOLLYWOOD FL 33020

5.1 TITLE Change Addition
5.2 NAME D OTIS DALEY
5.3 STREET ADDRESS 658 N DIXIE HWY
5.4 CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SAMUEL MILLER

Date

Daytime Phone # 0021300

04/29/97
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CR2E037 (9/96)