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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005952

1. Corporation Name
POWER-LINE MINISTRIES, INC.

Principal Place of Business 658 N DIXIE HWY HOLLYWOOD FL 33020	Mailing Address 658 N DIXIE HWY HOLLYWOOD FL 33020
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2. Principal Place of Business 21 700 N DIXIE HWY Suite, Apt. #, etc.	2a. Mailing Address 26 700 N DIXIE HWY Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/18/1996
22	27	4. FEI Number 65-0718505
23. City & State HOLLYWOOD FL	28. City & State HOLLYWOOD FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33020 Country USA	29. Zip 33020 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLER, SAMUEL
658 N DIXIE HWY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name **SAMUEL MILLER**

82 Street Address (P.O. Box Number is Not Acceptable)
700 N DIXIE HWY

83

84 City **HOLLYWOOD** FL 85 Zip Code **33020**

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]* **SAMUEL MILLER - PRESIDENT/DIRECTOR** DATE **04/20/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, SAMUEL
STREET ADDRESS	658 N DIXIE HWY
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, ALICE
STREET ADDRESS	658 N DIXIE HWY
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, VERA
STREET ADDRESS	658 N DIXIE HWY
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RANKIN, LOUIS
STREET ADDRESS	658 N DIXIE HWY
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DALEY, OTIS
STREET ADDRESS	658 N DIXIE HWY
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMUEL MILLER
1.3 STREET ADDRESS	700 N DIXIE HWY
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
2.1 TITLE	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALICE MILLER
2.3 STREET ADDRESS	700 N DIXIE HWY
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
3.1 TITLE	DIRECTOR/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VERA GRAHAM
3.3 STREET ADDRESS	700 N DIXIE HWY
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
4.1 TITLE	DIRECTOR/V. PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUIS RANKINE
4.3 STREET ADDRESS	700 N DIXIE HWY
4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OTIS DALEY
5.3 STREET ADDRESS	700 N DIXIE HWY
5.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SAMUEL MILLER** DATE **04/20/99** DAYTIME PHONE # **954-925-0446**

CR2E037 (11/98)