

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90292 017 \*\*\*\*70.00

**DOCUMENT # N96000005952**

1. Entity Name  
**POWER-LINE MINISTRIES, INC.**

Principal Place of Business: **700 N. DIXIE HWY HOLLYWOOD FL 33020**  
 Mailing Address: **700 N. DIXIE HWY HOLLYWOOD FL 33020**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

4. FEI Number: **65-0718505** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MILLER, SAMUEL**  
**700 N. DIXIE HWY**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. 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: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>DP</b>	<input type="checkbox"/> Delete	TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MILLER, SAMUEL</b>		NAME: <b>NORMA KEMP</b>	
STREET ADDRESS: <b>700 N. DIXIE HWY</b>		STREET ADDRESS: <b>700 N. DIXIE HWY</b>	
CITY-ST-ZIP: <b>HOLLYWOOD FL 33020</b>		CITY-ST-ZIP: <b>HOLLYWOOD FL 33020</b>	
TITLE: <b>DS</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MILLER, ALICE</b>		NAME: _____	
STREET ADDRESS: <b>700 N. DIXIE HWY</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>HOLLYWOOD FL 33020</b>		CITY-ST-ZIP: _____	
TITLE: <b>DT</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GRAHAM, VERA</b>		NAME: _____	
STREET ADDRESS: <b>700 N. DIXIE HWY</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>HOLLYWOOD FL</b>		CITY-ST-ZIP: _____	
TITLE: <b>DVP</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>RANKIN, LOUIS</b>		NAME: _____	
STREET ADDRESS: <b>700 N DIXIE HWY</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>HOLLYWOOD FL 33020</b>		CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DALEY, OTIS</b>		NAME: _____	
STREET ADDRESS: <b>700 N. DIXIE HWY</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>HOLLYWOOD FL</b>		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *SAMUEL MILLER* **SAMUEL MILLER** **04/24/01** **954-925-0446**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)