

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N96000005952

Entity Name: POWER-LINE MINISTRIES, INC.

**Current Principal Place of Business:**

700 N. DIXIE HWY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

700 N. DIXIE HWY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

P. O. BOX 835107  
HOLLYWOOD, FL 33083

FEI Number: 65-0718505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, SAMUEL  
700 N. DIXIE HWY  
HOLLYWOOD, FL 33020

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

MILLER, SAMUEL  
6636 ARBOR DRIVE  
MIRAMAR, FL 33023

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:

04/29/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MILLER, SAMUEL  
Address: 700 N. DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS ( ) Delete  
Name: MILLER, ALICE  
Address: 700 N DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: TD ( ) Delete  
Name: WALLACE, JULIE T  
Address: 700 N. DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: KEMP, NORMA  
Address: 700 N. DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: GRANT, EVAN  
Address: 700 N. DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: MARKS, ROSE  
Address: 700 N. DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL MILLER

D P

04/29/2004

Electronic Signature of Signing Officer or Director

Date

PAULETTE SINCLAIR DIRECTOR  
700 N. DIXIE HIGHWAY  
HOLLYWOOD FL. 33020