

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2005
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:

P. O. BOX 835107
HOLLYWOOD, FL 33083

New Mailing Address:

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
6636 ARBOR DRIVE
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

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:

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

DP

04/30/2005

Electronic Signature of Signing Officer or Director

Date