2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N96000005952

Entity Name: POWER-LINE MINISTRIES, INC.

Current Principal Place of Business:

6115 MIRAMAR PARKWAY
MIRAMAR, FL 33023

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:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	DS	( ) Delete
Name:	MILLER, ALICE	
Address:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	TD	( ) Delete
Name:	WALLACE, JULIE T	
Address:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	BAKER, ANNMARIE	
Address:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	HENRY, CLEMENT	
Address:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	MARKS, ROSE	
Address:	6115 MIRAMAR PARKWAY	
City-St-Zip:	MIRAMAR, FL 33023	

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 exemption stated in Chapter 119, 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 04/30/2007

Electronic Signature of Signing Officer or Director — Date