## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005952

Entity Name: POWER-LINE MINISTRIES, INC.

FILED Sep 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6115 MIRAMAR PARKWAY MIRAMAR, FL 33023 **Current Mailing Address: 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 (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, SAMUEL 6636 ARBOR DRIVE MIRAMAR, FL 33023 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition MILLER, SAMUEL Name: Name: 6115 MIRAMAR PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: MILLER, ALICE Name: Address: 6115 MIRAMAR PARKWAY Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition WALLACE, JULIE T Name: Name: 6115 MIRAMAR PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BAKER, ANNMARIE Name: 6115 MIRAMAR PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition HENRY, CLEMENT Name: Name: 6115 MIRAMAR PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition MARKS ROSE Name: Name: Address: 6115 MIRAMAR PARKWAY Address: MIRAMAR, FL 33023 City-St-Zip: 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 DP 09/13/2008