

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0016782

DOCUMENT # N96000005952

1. Entity Name

POWER-LINE MINISTRIES, INC.



05-01-2003 90175 013 \*\*\*\*70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0718505

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, SAMUEL	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLER, ALICE	
STREET ADDRESS	700 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, VERA	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, NORMA	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIET WALLACE	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVAN GRANT	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL. 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE MARKS	
STREET ADDRESS	700 N. DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULET SINCLAIR	
STREET ADDRESS	700 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL. 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* 04/27/03 954-925-0446

CR2E037 (10/02)