

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006164

1. Entity Name

P.O.W.E.R. MINISTRIES INTERNATIONAL, INC.

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90180 022 ****61.25

0061439

Principal Place of Business

Mailing Address

2654 STATE PARK RD
LAKELAND FL 33805
US

P.O. BOX 92945
LAKELAND FL 33804
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, SHIRLEY
741 NORTH COMBEE ROAD
LAKELAND FL 33801

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RAYMOND, BARBARA A
P.O. BOX 92945, 741 N COMBEE RD
LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RAYMOND, CHARLES L
P.O. BOX 92945, 741 N COMBEE RD
LAKELAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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AT
MCLAIN, GAIL
741 N COMBEE RD
LAKELAND FL

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ARNOLD, SHIRLEY
741 N COMBEE RD
LAKELAND FL

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara A. Raymond

Date

3/30/02 863/ 665-1055

Daytime Phone #

CR2E037 (9/01)