

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006164

FILED
Apr 11, 2005
Secretary of State

Entity Name: P.O.W.E.R. MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2654 STATE PARK RD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 92945
LAKELAND, FL 33804 US

New Mailing Address:

FEI Number: 31-1488713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, SHIRLEY
741 NORTH COMBEE ROAD
LAKELAND, FL 33801 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: PTD () Delete
Name: RAYMOND, BARBARA A
Address: P.O. BOX 92945, 2654 STATE PARK RD
City-St-Zip: LAKELAND, FL 33804

Title: VSD () Delete
Name: RAYMOND, CHARLES L
Address: P.O. BOX 92945, 2654 STATE PARK RD
City-St-Zip: LAKELAND, FL 33804

Title: AT () Delete
Name: MCLAIN, GAIL
Address: 741 N COMBEE RD
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: ARNOLD, SHIRLEY
Address: 741 N COMBEE RD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: MCLAIN, GAIL
Address: 14839 LIBRA CT
City-St-Zip: WILLIS, TX 77318

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: BARBARA A. RAYMOND

PTD

04/11/2005

Electronic Signature of Signing Officer or Director

Date