

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 06, 2007 08:00 AM
Secretary of State**

DOCUMENT # N96000006164

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



Principal Place of Business
2654 STATE PARK RD
LAKELAND, FL 33805 US

Mailing Address
P.O. BOX 92945
LAKELAND, FL 33804 US



06022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1488713

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, SHIRLEY
741 NORTH COMBEE ROAD
LAKELAND, FL 33801

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
RAYMOND, BARBARA A
P.O. BOX 92945, 2654 STATE PARK RD
LAKELAND, FL 33804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RAYMOND, CHARLES L
P.O. BOX 92945, 2654 STATE PARK RD
LAKELAND, FL 33804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
MCLAIN, GAIL
14839 LIBRA CT
WILLIS, TX 77318

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARNOLD, SHIRLEY
741 N COMBEE RD
LAKELAND, FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000765969
06/06/07-80003-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Barbara A Raymond*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #