

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006164

**FILED**  
**Apr 27, 2010**  
**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:**

2654 STATE PARK RD  
LAKELAND, FL 33805 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  
Name: RAYMOND, BARBARA A  
Address: 2654 STATE PARK RD  
City-St-Zip: LAKELAND, FL 33805

Title: VSD  
Name: RAYMOND, CHARLES L  
Address: 2654 STATE PARK RD  
City-St-Zip: LAKELAND, FL 33805

Title: AT  
Name: LUKE, TERRI A  
Address: 203 24TH COURT SW  
City-St-Zip: WINTER HAVEN, FL 33880

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

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA A RAYMOND

PTD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date