

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90249 008 ****61.25

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**

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 **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**

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

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

TITLE **AT** ☐ Delete
NAME **MCLAIN, GAIL**
STREET ADDRESS **741 N COMBEE RD**
CITY-ST-ZIP **LAKELAND FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 **863-**
665-1055

CR2E037 (10/02)