

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (If DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001949 (3)

1. Corporation Name

INFINITE POWER MINISTRIES, INC.

Principal Place of Business

1355 NW 93 CT., STE. A-106
MIAMI FL 33172

Mailing Address

1355 NW 93 CT., STE. A-106
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SAWYER-BROWN, MICHAEL W
1355 NW 93 CT., STE. A-106
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

14. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature type for provided name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	SAWYER-BROWN, MICHAEL W	
STREET ADDRESS	1355 NW 93 CT., STE. A-106	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	DVS	[] DELETE
NAME	SAWYER-BROWN, SHANALEE V	
STREET ADDRESS	1355 NW 93 CT., STE. A-106	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE	DT	[] DELETE
NAME	MILLER, ALLAN	
STREET ADDRESS	1355 NW 93 CT., STE. A-106	
CITY-STATE-ZIP	MIAMI FL 33172	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)	
11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL W. SAWYER-BROWN

Date

305-599-9625

Daytime Phone #

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

61-N #
65-0740884

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

[] Yes [X] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

[] Yes [] No

10. Name and Address of New Registered Agent

CR2E037 (5/98)