


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # N98000003795 1. Entity Name POWER OF LOVE MINISTRIES, INC.	
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Principal Place of Business 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210	Mailing Address 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210
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04152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3520594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YOUNG, ROBERT F 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, SANDRA J 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, MALISA J 5141 GLEN ALAN COURT NORTH JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARRIS, JAMES 11517 BIRCH FOREST CIR E. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOOKRA, NORMA 9101 LIME BAY BLVD., BLD 7, UNIT 211 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000310673  
04/18/05-80014-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert F. Young Robert F. Young 4-15-05 9047160566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #