

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007525

FILED
May 03, 2005
Secretary of State

Entity Name: SOARING WITH POWER AND FREEDOM MINISTRIES, INC.

Current Principal Place of Business:

2808 72ND AVENUE EAST
ELLENTON, FL 34222

New Principal Place of Business:

Current Mailing Address:

PO BOX 1063
ELLENTON, FL 34222

New Mailing Address:

FEI Number: 65-0570718 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POPE, ROGER
POST OFFICE BOX 1063
ELLENTON, FL 34222 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: P () Delete
Name: POPE, ROGER C
Address: POST OFFICE BOX 1063
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: POPE, LAURA A
Address: POST OFFICE BOX 1063
City-St-Zip: ELLENTON, FL 34222D

Title: SD () Delete
Name: POPE, LINDA
Address: HC71 BOX 8698
City-St-Zip: KINARD, FL 32449

Title: TD () Delete
Name: POPE, ROY
Address: HC71 BOX 8698
City-St-Zip: KINARD, FL 32449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROGER POPE

P

05/03/2005

Electronic Signature of Signing Officer or Director

Date