

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001566

**Entity Name:** PRAISE, POWER AND COMPASSION MINISTRIES, INC.**Current Principal Place of Business:**2188 WEST JAMES LEE BLVD  
CRESTVIEW, FL 32536**Current Mailing Address:**P.O. BOX 2044  
CRESTVIEW, FL 32536**FEI Number:** 59-3721097**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLEMAN, DARRELL  
2188 WEST JAMES LEE BLVD  
CRESTVIEW, FL 32536 US*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

**Officer/Director Detail :**

Title P  
Name COLEMAN, DARRELL  
Address 619 ALYSHEBA DRIVE  
City-State-Zip: CRESTVIEW FL 32539

Title DEACON  
Name HUDNALL, TONY  
Address 6121 WALK ALONG WAY  
City-State-Zip: CRESTVIEW FL 32536

Title ELDER  
Name JOHNSON JR, ADELL  
Address 5837 SARATOGA DR  
City-State-Zip: CRESTVIEW FL 32536

Title BROTHER  
Name ECHOLS, JR, SLYVESTER  
Address 2254 LEWIS STREET  
City-State-Zip: CRESTVIEW FL 32536

Title ELDER  
Name BRADLEY, SAMUEL  
Address 431 JILLIAN DRIVE  
City-State-Zip: CRESTVIEW FL 32536

Title VP  
Name COLEMAN, LULA Y.  
Address 619 ALYSHEBA DR  
City-State-Zip: CRESTVIEW FL 32539

Title OTHER, YOUTH MINISTRY  
Name COLEMAN, DARRELL ISAAC  
Address 5192 AZALEA AVENUE  
City-State-Zip: CRESTVIEW FL 32539

*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: DARRELL COLEMAN****PRESIDENT****04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date