

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007672

FILED
Aug 31, 2004
Secretary of State

Entity Name: POWERHOUSE CHURCH OF GOD IN CHRIST OF TALLAHASSEE, INC.

Current Principal Place of Business:

454 BELAIR DRIVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 562
TALLAHASSEE, FL 323020562 1

New Mailing Address:

FEI Number: 59-3682567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MICHAEL R
2901 TYRON CIR
TALLAHASSEE, FL 32308 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: PC () Delete
Name: MOORE, MICHAEL R
Address: 2901 TYRON CIR
City-St-Zip: TALLAHASSEE, FL 32309

Title: VC () Delete
Name: DOUGLAS, CORNELIA MOORE
Address: 2901 TYRON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: T () Delete
Name: AUSTIN, BARBARA M
Address: 216 CHINA DOLL
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: BLAKE, ROBERT E
Address: 629 DOVER STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: HENDERSON, THAYNIS O
Address: 720 BETHUNE STREET
City-St-Zip: DAYTONA BEACH, FL 32350

Title: D () Delete
Name: WILLIAMS, ALAN B
Address: 3471 TORRINGTON WAY
City-St-Zip: TALLAHASSEE, FL 32311

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: MICHAEL R. MOROE

PC

08/31/2004

Electronic Signature of Signing Officer or Director

Date