

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000906

FILED
Apr 22, 2004
Secretary of State**Entity Name:** POWER U CENTER FOR SOCIAL CHANGE, INC.**Current Principal Place of Business:**212 NE 24TH STREET
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**212 NE 24TH STREET
MIAMI, FL 33137**New Mailing Address:****FEI Number:** 02-0584196**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BERNSTEIN, CAROL A
1925 BRICKELL AVENUE
SUITE D-207
MIAMI, FL 33129 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:** D () Delete
Name: O'FARRELL, SHEILA J
Address: 172 NW 87TH ST.
City-St-Zip: MIAMI, FL 33150**Title:** D () Delete
Name: PERRY, DENISE M
Address: 1330 NE 132ND STREET
City-St-Zip: NORTH MIAMI, FL 33161**Title:** T () Delete
Name: DEMERITTE, BARBARA
Address: 3314 OAK AVENUE
City-St-Zip: COCONUT GROVE, FL 33133**Title:** P () Delete
Name: ADAMS, CHERRY
Address: 210 FLORIDA AVE.
City-St-Zip: CORAL GABLES, FL 33133**Title:** V () Delete
Name: BELCHER, NATHANIEL
Address: 6415 MW 1ST PLACE
City-St-Zip: MIAMI, FL 33150**Title:** S () Delete
Name: GILEMORE, ANGELA
Address: 1307 DEWEY STREET
City-St-Zip: HOLLYWOOD, FL 33019**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:** D (X) Change () Addition
Name: ADAMS, CHERRY
Address: 210 FLORIDA AVE.
City-St-Zip: CORAL GABLES, FL 33133**Title:** P (X) Change () Addition
Name: BELCHER, NATHANIEL
Address: 6415 MW 1ST PLACE
City-St-Zip: MIAMI, FL 33150**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: SHEILA O'FARRELL

D

04/22/2004

Electronic Signature of Signing Officer or Director

Date

SHEBA ST. HILLAIRE
1801 NE 140TH ST.
APT. 10
MIAMI, FL 33161

MICHELE MCNEIL
7608 NW 5TH STREET
APT. 2-D
PLANTATION, FL 33324