

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007672

Entity Name: POWERHOUSE CHURCH OF GOD IN CHRIST OF
TALLAHASSEE, INC.**Current Principal Place of Business:**454 BELAIR ROAD
TALLAHASSEE, FL 32311**Current Mailing Address:**2901 TYRON CIRCLE
TALLAHASSEE, FL 32309**FEI Number: 59-3682567****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE, MICHAEL R PASTOR
2901 TYRON CIRCLE
TALLAHASSEE, FL 32309 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	PC
Name	MOORE, MICHAEL R DR.
Address	2901 TYRON CIR
City-State-Zip:	TALLAHASSEE FL 32309

Title	S
Name	DOUGLAS, CORNELIA MOORE
Address	3426 BELLINGHAM DRIVE
City-State-Zip:	ALBANY GA 32309

Title	T
Name	AUSTIN, BARBARA M
Address	10436 NW 35TH PLACE
City-State-Zip:	GAINESVILLE FL 32606

Title	VC
Name	MORAN, JAMES L DR.
Address	2500 MERCHANTS ROW , APT. #36
City-State-Zip:	TALLAHASSEE FL 32311

Title	D
Name	HENDERSON, THAYNIS O
Address	POST OFFICE BOX 562
City-State-Zip:	TALLAHASSEE FL 32302-0562

Title	D
Name	WILLIAMS, ALAN B
Address	1201 STONY CREEK WAY
City-State-Zip:	TALLAHASSEE FL 32309

Title	DIRECTOR
Name	MOORE, JUANITA PAYNE
Address	2901 TYRON CIRCLE
City-State-Zip:	TALLAHASSEE FL 32309

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: DR. MICHAEL R. MOORE**SENIOR PASTOR****04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date