

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000906

Entity Name: POWER U CENTER FOR SOCIAL CHANGE, INC.**Current Principal Place of Business:**8330 BISCAYNE BLVD
MIAMI, FL 33138**Current Mailing Address:**8330 BISCAYNE BLVD
MIAMI, FL 33138 US**FEI Number:** 02-0584196**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRIGADE BOOKKEEPING
6161 BLUE LAGOON DRIVE
SUITE 320
MIAMI, FL 33126 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:** ELIZABETH MANSO

03/19/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name INGRAM, NEWTON
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title TREASURER
Name CLAY, BRITTANY
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title SECRETARY
Name BROWN, TRAVAE
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title CHAIRMAN
Name DANIEL, JULIA
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name BENFORD, HASHIM C
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title OFFICER
Name PERRY, DENISE
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

Title OFFICER
Name SINGERMAN, MAE
Address 8330 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33138

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: HASHIM BENFORD**DIRECTOR**

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date