

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002251

Entity Name: POWER INSTITUTE OF LEADERSHIP INC.

Current Principal Place of Business:

3693 CIRCLEVILLE STREET
NORTH PORT, FL 34286

Current Mailing Address:

3693 CIRCLEVILLE STREET
NORTH PORT, FL 34286

FEI Number: 46-2321263

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USA-RA LLC
841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 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 D
Name GALLO, THOMAS
Address 3693 CIRCLEVILLE STREET
City-State-Zip: NORTH PORT FL 34286

Title D
Name RUDD, SONNY
Address 218 RUDD ROAD
City-State-Zip: LACONA NY 13083

Title D
Name GEORGE, VARGES
Address 8 GOLDEN POND DRIVE
City-State-Zip: MILLTOWN NJ 08850

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: GEORGE, VARGES

PRESIDENT

04/26/2014

Electronic Signature of Signing Officer/Director Detail

Date