

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007701

Entity Name: POWERHOUSE YOUTH PROJECT INC**Current Principal Place of Business:**8505 DORAL DRIVE
CLERMONT, FL 34711**Current Mailing Address:**614 E HWY 50, #391
CLERMONT, FL 34711**FEI Number:** 62-1561495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEVALIER, VALERIE S
8505 DORAL DRIVE
CLERMONT, FL 34711 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	CHEVALIER, SCOTT
Address	8505 DORAL DRIVE
City-State-Zip:	CLERMONT FL 34711

Title	S
Name	CHEVALIER, VALERIE
Address	8505 DORAL DRIVE
City-State-Zip:	CLERMONT FL 34711

Title	TRUSTEE
Name	HANSEN, MICHAEL MR.
Address	10590 SUGARCREST
City-State-Zip:	DULUTH GA 30097

Title	TRUSTEE
Name	SHIELDS, YOLANDA MS
Address	PO BOX 154
City-State-Zip:	EDINBURG VA 22824

Title	TRUSTEE
Name	RODRIGUEZ, PETE MR
Address	11550 FOXGLOVE DR
City-State-Zip:	CLERMONT FL 34711

Title	TRUSTEE
Name	HAWKS, DOUG MR
Address	1903 MORNING STAR DRIVE
City-State-Zip:	CLERMONT FL 34714

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: VALERIE CHEVALIER**SECRETARY****01/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date