


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # 758970
 1. Entity Name
 POWERHOUSE OF JESUS, INC.



Principal Place of Business POWERHOUSE OF JESUS INC 83 EC HWY 476-A BUSHNELL, FL 33513 US	Mailing Address POWERHOUSE OF JESUS INC PO BOX 693 BUSHNELL, FL 33513 US
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2906157	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIDMORE, THOMAS D.
 208 EAST BUSHNELL PLAZA
 BUSHNELL, FL 33513

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

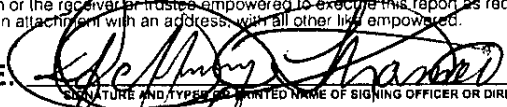
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD THOMAS, JEFFERY 83 EC HWY 476-A BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, YVONNE 83 EC HWY 476-A BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRANT, KATURA 83 EC HWY 476-A BUSHNELL, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-30-07 DAYTIME PHONE # _____