

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003572

1. Entity Name
**POWERHOUSE OF JESUS EVANGELISTIC
ASSOCIATION, INC.**



Principal Place of Business
**PMB 305, 2247 CITRUS BLVD
LEESBURG, FL 34748 US**

Mailing Address
**PMB 305, 2247 CITRUS BLVD
LEESBURG, FL 34748 US**



05012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2126534

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEPHENS, KATINA
6680 S. W. 22ND WAY
BUSHNELL, FL 33513**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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	DP THOMAS, JEFFERY P. O. BOX 1661 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORGAN, YVONNE 113 JASPER STREET BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GRANT, NARCISSUS 156 S. E. 66 LANE BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, ALVODIA 511 MILL STREET WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000361629
05/05/05-80084-019 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 powers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #