


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



04282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2126534	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 STEPHENS, KATINA 6680 S. W. 22ND WAY 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 \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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05/29/07-80028-004 70.00

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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: 	4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #