

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-03-2007 90008 022 ****70.00

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CR2E037B (8/05)

DOCUMENT # N060000004454	
Entity Name POWERHOUSE Day of Pentecost Church Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3203 N. O.B.T.	3. Mailing Address 101 E. SANDERS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Zellwood, FL	City & State Apopka, FL	FBI Number Tax-113662182	Applied For <input type="checkbox"/> Not Applicable
Zip 32798	Zip 32703	Country	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name POWERHOUSE Day of Pentecost	
	Street Address (P.O. Box Number is Not Acceptable) 3203 N. Orange Blossom Church Inc.	
	City Zellwood FL Zip Code 32798	

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: **Eula Bolden** **Eula Bolden**
Signature, typed or printed name of registered agent and fee applicable (NOTE: Registered Agent signature required when renewing) Date

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President (PASTOR) Eula Mae Bolden 101 E. SANDERS ST. Apopka, FL 32703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jacqueline S. Wright 1404 OLD Apopka Rd. Apopka, FL 32703 (Secretary)	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Candice Bolden 514 Orange Rd. Maitland, FL 32751	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Eula Bolden** **(407) 880-4277**
Signature and typed or printed name of signing officer or director Date Daytime Phone #