

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002142

FILED
Apr 22, 2010
Secretary of State

Entity Name: POWERHOUSE PRAISE DELIVERANCE TABERNACLE, INC.

Current Principal Place of Business:

7136 N.W. 14TH PLACE
3
MIAMI, FL 33147

New Principal Place of Business:

2460 N.W. 78 STREET
MIAMI, FL 33147

Current Mailing Address:

7136 N.W. 14TH PLACE
3
MIAMI, FL 33147

New Mailing Address:

1481 N.W. 103RD STREET
158
MIAMI, FL 33147

FEI Number: 94-3470788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLIFF, JONATHAN
7136 N.W. 14TH PLACE
3
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: OLLIFF, JONATHAN
Address: 7136 N.W. 14TH PLACE #3
City-St-Zip: MIAMI, FL 33147 US

Title: S
Name: JACKSON, QUATISHA
Address: 7136 N.W. 14TH PLACE #3
City-St-Zip: MIAMI, FL 33147 US

Title: T/D
Name: CARMICHAEL, ZAC
Address: 1465 N.W. 51ST STREET
City-St-Zip: MIAMI, FL 33142 US

Title: D
Name: JOHNSON, ALBERT
Address: 560 N.W. 7TH ST.
City-St-Zip: MIAMI, FL 33142 US

Title: D
Name: ORR, RHONDA
Address: 2130 N.W. 83TERR STREET
City-St-Zip: MIAMI, FL 33147 US

Title: D
Name: DOYLE, WANDA
Address: 5250 N.W. 26 AVENUE
City-St-Zip: MIAMI, FL 33142

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: JONATHAN OLLIFF

P

04/22/2010

Electronic Signature of Signing Officer or Director

_____ Date