

FJLE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 4-6-96 B- 3050 NC

DOCUMENT # N95000002547 (6)

1. Corporation Name

POWER HOUSE OF JESUS CHRIST, INC.



Principal Place of Business

Mailing Address

19222 FT. DADE AVE.
BROOKSVILLE FL 34601

19222 FT. DADE AVE.
BROOKSVILLE FL 34601

3. Date Incorporated or Qualified
05/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

Applied For

59-3322274

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTILLO, JESSICA
19222 FT. DADE AVE.
BROOKSVILLE FL 34601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Jessica Castillo

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-96

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CASTILLO, JESSICA**
STREET ADDRESS **19222 FT. DADE AVE.**
CITY - ST - ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ DELETE
NAME **LOPEZ, PATRICIA**
STREET ADDRESS **8425 EVERGREEN AVE.**
CITY - ST - ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ DELETE
NAME **CASTRO, LILLIE**
STREET ADDRESS **19237 FT. DADE AVE.**
CITY - ST - ZIP **BROOKSVILLE FL 34601**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jessica Castillo
19222 Ft. Dade Ave.
Brooksville, FL 34601

3-29-96

DATE

(952) 799-5022

Daytime Phone

CR2E037 (12/95)