

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002547

1. Entity Name

POWER HOUSE OF JESUS CHRIST, INC.

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90041 032 ****70.00

Principal Place of Business

19222 FT. DADE AVE.
BROOKSVILLE FL 34601

Mailing Address

19222 FT. DADE AVE.
BROOKSVILLE FL 34601

2. Principal Place of Business

3. Mailing Address

19233 FT. DADE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BROOKSVILLE, FL

4. FEI Number

59-3322274

Applied For

Not Applicable

Zip

Country

Zip

Country

34601

FLORIDA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIE CASTRO M. CASTRO 2-14-02 352-799-3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)