

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90008 005 ****70.00

DOCUMENT # *N95000002547*

1. Entity Name



Power House of Jesus Christ Inc

DO NOT WRITE IN THIS SPACE

40041340

2. Principal Place of Business

19222 FT. DADE AVE

Suite, Apt. #, etc.

3. Mailing Address

19233 FT. DADE AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

59-3322274

Applied For
Not Applicable

Zip

34601

Country

Hernando

Zip

34601

Country

Hernando

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jessica Castillo

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

19222 FT. DADE AVE

City

Brooksville

FL

Zip Code

34601

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D-P Jessica Castillo 19222 FT. DADE AVE. Brooksville, FL 34601</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D-T-S Lillie m. Castro 19233 FT. DADE AVE. Brooksville, FL 34601</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Patricia Lopez 8425 EVERGREEN AVE. Brooksville, FL 34613</i>
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IN THIS SPACE**

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: *Lillie m. Castro - Lillie m. Castro*

3-22-05

(352) 799-3864

CR2E037B (12/02)