

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

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90017 014 \*\*\*\*70.00

DOCUMENT # *N9500000 2547*

1. Entity Name

*Power House OF Jesus Christ, INC.*



**DO NOT WRITE IN THIS SPACE**

**40036785**

2. Principal Place of Business

*19222 FT. Dade Ave.*

Suite, Apt. #, etc.

3. Mailing Address

*19484 Wildwood DR.*

Suite, Apt. #, etc.

CR2E037B (8/05)

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*

**DO NOT WRITE  
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 AR**

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	<i>D-P</i>
NAME	<i>Jessica Castillo</i>
STREET ADDRESS	<i>19222 FT. Dade Ave.</i>
CITY-ST-ZIP	<i>Brooksville, FL 34601</i>
TITLE	<i>D-T</i>
NAME	<i>Lillie Castro</i>
STREET ADDRESS	<i>19484 Wildwood DR.</i>
CITY-ST-ZIP	<i>Brooksville, FL 34601</i>
TITLE	<i>D-S</i>
NAME	<i>Patricia Lopez</i>
STREET ADDRESS	<i>8425 Evergreen Ave.</i>
CITY-ST-ZIP	<i>Brooksville, FL 34613</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 Castro - Lillie Castro*

*3-7-06*

*352-799-3864*