

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 050 ****61.25

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1. Entity Name

POWER HOUSE OF GOD MINISTRIES, FAITH TEMPLE INC.



Principal Place of Business

550 NW 5TH CT
MIAMI FL 33127

Mailing Address

5500 N.W. 5TH COURT
MIAMI FL 33127

2. Principal Place of Business

5500 N.W. 5TH CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0709288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

WEAVER, LEONARD L SR.
5500 N.W. 5TH CT
MIAMI FL 33217

7. Name and Address of New Registered Agent

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. 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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **D** ☒ Delete
NAME **HOSTON, HARRY R**
STREET ADDRESS **3900 NW 50TH WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **DP** ☐ Delete
NAME **WEAVER, LEONARD L SR**
STREET ADDRESS **5500 N.W. 5TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **SDTD** ☐ Delete
NAME **CARTER-WEAVER, BARBARA**
STREET ADDRESS **5500 N.W. 5TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **LESTER WEAVER**
STREET ADDRESS **2608 PASCO ST.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32310**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Rev. Leonard L. Weaver, Sr. **REV. LEONARD L. WEAVER, SR.** 4-4-06 305/757-7207