

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90041 039 \*\*\*\*61.25

**DOCUMENT # N97000005335**

1. Entity Name

POWERHOUSE MINISTRY, INC.



Principal Place of Business

2136 NW 3RD AVE.  
OCALA FL 34475  
US

Mailing Address

PO BOX 2131  
OCALA FL 34478-2131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476500

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERS, E L  
914 SW 5TH STREET  
OCALA FL 34475

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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DP  
RIVERS, E L  
1901 SE 39TH STREET  
OCALA FL 34480

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DV  
RIVERS, JANICE L  
1901 SE 39TH STREET  
OCALA FL 34480

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
RAHMING, SHELLY  
1931 SW 9TH RD  
OCALA FL 34474

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete

NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
914 SW 5th St  
OCALA, FL 34475

TITLE NAME ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
914 SW 5th St,  
OCALA FL 34475

TITLE NAME ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1966 SW 9th Rd  
OCALA, FL 34474

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

*[Handwritten Signature]*

3/14/08

(352) 867-9844