

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003972

1. Entity Name

CHURCH OF POWER, INC.

FILED

Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90325 017 ****61.25

Principal Place of Business

400 JUNO LARGO DRIVE
#305
JUNO BEACH FL 33408

Mailing Address

400 JUNO LARGO DRIVE
#305
JUNO BEACH FL 33408

P.O. BOX 30727
PALM BEACH GARDENS
FL 33420-0727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11911 US HWY 1 #201

Suite, Apt. #, etc.

NORTH PALM BEACH FL.

City & State

33408 USA

Zip

Country

3. Mailing Address

P.O. Box 30727

Suite, Apt. #, etc.

PALM BEACH GARDENS FL.

City & State

33420

USA

Zip

Country

4. FEI Number

65-0874128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIFRONY, MATTHEW

110 SE 6TH STREET

15TH FLOOR

FORT LAUDERDALE FL 33301

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.

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

TITLE D ☐ Delete
NAME BARRY, STEVEN
STREET ADDRESS 400 JUNO LARGO DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE D ☐ Delete
NAME BARRY, GILLIAN
STREET ADDRESS 400 JUNO LARGO DRIVE
CITY-ST-ZIP JUNO BEACH FL 33408

TITLE T ☐ Delete
NAME CARTWRIGHT, THOMAS
STREET ADDRESS 10 PERRIWINKLE CIR.
CITY-ST-ZIP STUART FL 34996

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 467 ORIOLE LANE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 467 ORIOLE LANE
CITY-ST-ZIP JUPITER FL 33458

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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)