

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002352

1. Entity Name

Power House Community Church Inc.

Principal Place of Business

Mailing Address

1625 University Blvd. North
Jacksonville, Florida 32211

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

same as above

Zip

Country

Zip

Country

32211

Duval

same

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Clifford Kelly Jr.
1625 University Blvd. North
Jacksonville, FL 32211

7. Name and Address of New Registered Agent

Name

City Address (P.O. Box Number is not Acceptable)

City

FL

Zip Code
32211

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

Clifford Kelly Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-01

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	Administrator's Asst	<input checked="" type="checkbox"/> Delete
NAME	Sherri Reid	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE	Secretary of Treasury	<input checked="" type="checkbox"/> Delete
NAME	James Brailsford	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE	Secretary of Treasury	<input checked="" type="checkbox"/> Delete
NAME	Jannifer Kelly	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Galyn Smith	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tonishea Campbell	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jannifer Kelly	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, Fla. 32211	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clifford Kelly, Jr.	
STREET ADDRESS	1625 University Blvd. N.	
CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Clifford Kelly Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-01

762-1778 FAX
762-1778

FILED

01 MAY -8 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700004191257--0

-05/09/01--01040--029
DO NOT WRITE IN THIS SPACE
*****61.25 *****61.25

CR2E037 (11/00)

POWER HOUSE DELIVERANCE CHRISIAN CENTER
TONISHEA CAMPBELL
ADMINISTRATOR'S ASST.

March 29, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

SUBJECT: POWER HOUSE DELIVERANCE CHRISTIAN CENTER

Due to a change of address, we did not receive the check for \$61.25 that your office did return to us on June 28, 2000. We understand that this check was returned to us because the 2000 uniform business report was not filed. I am enclosing a completed uniform business report, along with check# 1151 for \$61.25, to cover the years 2000-2001.

Administrator's Asst.

Tonishea Campbell

Tonishea Campbell