2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N04000010405

Entity Name: PAHOKEE EMPOWERMENT PROGRAM, INC.

Current Principal Place of Business:

245 WEST THIRD STREET
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 583
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT THOMPSON, INC.
5971 DURANGO DRIVE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MICKINS, BUD
Address: 3420 BACOM PT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: VP ( ) Delete
Name: MCPHERSON, EVERETT
Address: 155 N. GREENSTAR AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: SEC ( ) Delete
Name: HARLEY, YOULANDO
Address: 512 W. BAINES TER
City-St-Zip: PAHOKEE, FL 33476

Title: ADMI ( ) Delete
Name: DUKES-CHISHOLM, CORNESHA
Address: P.O. BOX 503
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICKINS, BUD PRES 01/11/2005

Electronic Signature of Signing Officer or Director Date