

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010405

FILED  
Feb 17, 2007  
Secretary of State

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: 20-2219920

FEI Number Applied For ( )

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, CORNESH  
Address: P.O. BOX 503  
City-St-Zip: PAHOKEE, FL 33476

Title: PRES ( ) Delete  
Name: MICKINS, BUD  
Address: 3420 BACOM POINT ROAD  
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:

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 Chapter 119, 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/17/2007

\_\_\_\_\_  
Date