2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2011
Secretary of State

DOCUMENT# N05000012028

Entity Name: EMPOWERMENT FOUNDATION, INC.

Current Principal Place of Business:

812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-3862640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE DR.
812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ALEXANDER, STANLEY SR
812 SWEETWATER CLUB BLVD.
LONGWOOD, FL 32779 US

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: DR. STANLEY ALEXANDER 02/27/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ALEXANDER, STANLEY SR
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: SEC.
Name: ALEXANDER, STANLEY DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: TRES
Name: ALEXANDER, STANLEY DR.
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791

Title: VP
Name: WOOTEN, MICHELLE MS
Address: 180 LIVINGTON STREET
City-St-Zip: BROOKLYN, NY 11201

I hereby 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 all other like empowered.

SIGNATURE: DR. STANLEY ALEXANDER PRES 02/27/2011
Electronic Signature of Signing Officer or Director Date