

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004084

FILED
Sep 02, 2008
Secretary of State

Entity Name: EMPOWERED CHRISTIAN INNER HEALING MINISTRIES, INC.

Current Principal Place of Business:

13662 SUNSET LAKES CIR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

13662 SUNSET LAKES CIR.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-8874230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SELLERS, NORVICE G.
13662 SUNSET LAKES CIR.
WINTER GARDEN, FL 34787 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: TP () Delete
Name: SELLERS, NORVICE G.
Address: 13662 SUNSET LAKES CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: TV () Delete
Name: AUSTIN, BENITA
Address: 13662 SUNSET LAKES CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: TS () Delete
Name: MAJOR, SHIRELLE
Address: 13662 SUNSET LAKES CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: TT () Delete
Name: MARTIN, MARQUETTA
Address: 13662 SUNSET LAKES CIR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: ADAMS, BARBARA J.
Address: 13662 SUNSET LAKES CIR.
City-St-Zip: WINTER GARDEN, FL 34787

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 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: NORVICE G. SELLERS

Electronic Signature of Signing Officer or Director

PRES

09/02/2008

_____ Date