

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005259 (6)**

1. Corporation Name

EMPOWERING THE VISION, INC.

Principal Place of Business

Mailing Address

**10800 SW 135 TERRACE
MIAMI FL 33176**

**10800 SW 135 TERRACE
MIAMI FL 33176**

3. Date Incorporated or Qualified

10/21/1994

4. FEI Number

65-0622266

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELROSARIO, JACQUELINE
10800 SW 135 TERRACE
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DELROSARIO, JACQUELINE**
STREET ADDRESS **10800 SW 135 TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **ROGNER, KIM DR.**
STREET ADDRESS **9370 SUNSET DR., SUITE A-150**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ DELETE
NAME **CALIN, PETER**
STREET ADDRESS **2825 PONCE DE LEON BLVD., STE. 280**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE
NAME **CRUCHMAN, SANDRA**
STREET ADDRESS **3210 BRICKETT AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **PUGH, JACQUELINE A**
STREET ADDRESS **ONE HERALD PLAZA**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **LEONARD, REBECCA E**
STREET ADDRESS **6001 N.W. 7TH AVE.**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E037 (10/97)