

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004785

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC0749185057**

**Entity Name:** LADIES EMPOWERMENT AND ACTION PROGRAM, INC.

**Current Principal Place of Business:**

2104 CORAL WAY  
MIAMI, FL 33145

**Current Mailing Address:**

P O BOX 848  
MIAMI, FL 33243

**FEI Number: 27-0193483**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LINDQUIST, MAHLIA A  
3980 KUMQUAT AVENUE  
MIAMI, FL 33133 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:** MAHLIA LINDQUIST

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name BRAVO, YVETTE M  
Address 5106 SW 6 STREET  
City-State-Zip: MIAMI FL 33134

Title VP  
Name GARCI, GEMMA  
Address 8631 NW 11 ST  
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR  
Name GILBERT EPSTEIN, CAROLYN  
Address 15355 SW 232 STREET  
City-State-Zip: HOMESTEAD FL 33170

Title DIRECTOR  
Name LINDQUIST, MAHLIA  
Address 3980 KUMQUAT AVE  
City-State-Zip: MIAMI FL 33133

*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:** MAHLIA LINDQUIST

**EXECUTIVE DIRECTOR**

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date