

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004785

Entity Name: LADIES EMPOWERMENT AND ACTION PROGRAM, INC.**Current Principal Place of Business:**8631 NW 11 ST
PLANTATION, FL 33322**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:**GLOVER, PATRICIA A
8631 NW 11 ST
PLANTATION, FL 33322 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BETANCOURT, GEMMA M
Address 6767 COLLINS AVE
APT 1604
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name RADOS, MARIANA
Address 1118 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name BRAVO, YVETTE
Address 2111 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

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

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

Title DIRECTOR
Name NUNEZ, LUCY
Address P O BOX 848
City-State-Zip: MIAMI FL 33243

Title DIRECTOR
Name RODZ, ALIETTE D
Address 201 S BISCAYNE BLVD
SUITE 1500
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SAVINON, LILIANNE
Address 10732 SW 117 CT
City-State-Zip: MIAMI FL 33186

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: PATRICIA A GLOVER**VICE PRESIDENT****04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date