

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002536

**Entity Name:** THE EMPOWERMENT AGENCY, INC.

**Current Principal Place of Business:**

5446 OAK BRANCH DRIVE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5446 OAK BRANCH DRIVE  
LAKE WORTH, FL 33463 US

**FEI Number: 80-0796864**

**Certificate of Status Desired: No**

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

SMITH, EDGAR  
5446 OAK BRANCH DRIVE  
LAKE WORTH, FL 33463 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 P  
Name BANKS, ELDRIDGE  
Address 1771 WEST COMMUNITY DRIVE  
City-State-Zip: JUPITER FL 33458

Title TREASURER  
Name LERMAN, GREG  
Address 330 CLEMATIS STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title S  
Name RIDGEWAY, EMANUEL  
Address 5446 OAK BRANCH DRIVE  
City-State-Zip: LAKE WORTH FL 33463

Title ED  
Name SMITH, EDGAR  
Address 124 LEISUREVILLE BLVD  
City-State-Zip: BOYNTON BEACH FL 33426

*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: EDGAR SMITH**

**EXECUTIVE DIRECTOR**

**06/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date