

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005537

Entity Name: DR. WILLIAM B. ALLEN CENTER FOR EMPOWERMENT, INC.**Current Principal Place of Business:**86023 HILL VALLEY AVE
YULEE, FL 32097**Current Mailing Address:**86023 HILL VALLEY AVE
YULEE, FL 32097 US**FEI Number:** 47-4267033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, KAREN H
86023 HILL VALLEY BLVD
YULEE, FL 32097 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:** KAREN H. ALLEN

02/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	ALLEN, KAREN HELENE
Address	86023 HILL VALLEY AVE 133
City-State-Zip:	YULEE FL 32097

Title	TREASURER
Name	WILLIAMS, LAWARREN
Address	86023 HILL VALLEY AVE
City-State-Zip:	YULEE FL 32097

Title	SEC
Name	ALLEN, ROSLYN
Address	86023 HILL VALLEY AVE
City-State-Zip:	YULEE FL 32097
Title	PRESIDENT
Name	SPAULDING, VERNETTA HELENE
Address	86023 HILL VALLEY AVE
City-State-Zip:	YULEE FL 32097

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: KAREN ALLEN

CEO

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date