

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

DOCUMENT# N15000005537

**Entity Name:** DR. WILLIAM B. ALLEN CENTER FOR EMPOWERMENT, INC.**Current Principal Place of Business:**910 SOUTH 8TH STREET  
133  
FERNANDINA , FL 32034**Current Mailing Address:**910 SOUTH 8TH STREET  
133  
FERNANDINA BEACH, FL 32034 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

02/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	ALLEN, KAREN H
Address	910 SOUTH 8TH STRRET 133
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	VP
Name	WELLS, WENDY
Address	910 SOUTH 8TH STREET
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	TREASURER
Name	WILLIAMS, LA WARREN
Address	910 SOUTH 8TH STREET 133
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	P
Name	SPAULDING, VERNETTA
Address	910 SOUTH 8TH STREET
City-State-Zip:	FERNANDINA BEACH FL 32034
Title	SEC
Name	ALLEN, ROSLYN
Address	910 SOUTH 8TH STREET 133
City-State-Zip:	FERNANDINA BEACH FL 32034

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

02/11/2020

Electronic Signature of Signing Officer/Director Detail

Date