

2019 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

02/04/2019

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

EXECUTIVE DIRECTOR

02/04/2019

Electronic Signature of Signing Officer/Director Detail

Date