

2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15000005537

Entity Name: DR. WILLIAM B. ALLEN CENTER FOR EMPOWERMENT, INC.**Current Principal Place of Business:**86023 HILL VALLEY BLVD
YULEE, FL 32097**Current Mailing Address:**86023 HILL VALLEY BLVD
YULEE, FL 32097**FEI Number: NOT APPLICABLE****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****11/22/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ALLEN, KAREN H
Address 86023 HILL VALLEY BLVD
City-State-Zip: YULEE FL 32097

Title P
Name SPAULDING, VERNETTA
Address 1404 BEECH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title VP
Name RANIEY, MONICA
Address 842806 SAINT PAUL BLVD
City-State-Zip: YULEE FL 32097

Title TREA
Name MANGUM, LISA
Address 8334 PRINCETON SQUARE
City-State-Zip: JACKSONVILLE FL 32256

Title SEC
Name ALLEN, ROSLYN
Address 1451 EAST 97TH STREET
City-State-Zip: LOS ANGELES CA 90044

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 H. ALLEN**CEO****11/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date