

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010637

**Entity Name:** LIFE EMPOWERMENT MINISTRIES INC.

**Current Principal Place of Business:**

510 PHILLIPS LANE  
WILDWOOD, FL 34785

**Current Mailing Address:**

510 PHILLIPS LANE  
WILDWOOD, FL 34785 US

**FEI Number: 81-4312525**

**Certificate of Status Desired: No**

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

CARUTHERS, SHARON  
510 PHILLIPS LANE  
WILDWOOD, FL 34785 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 CARUTHERS, SHARON  
Address 510 PHILLIPS LN  
City-State-Zip: WILDWOOD FL 34785

Title VP  
Name CARUTHERS, ROBIN L  
Address 510 PHILLIPS LN  
City-State-Zip: WILDWOOD FL 34785

Title STD  
Name DIXON, CHERRELL  
Address 426 HALL ST  
City-State-Zip: WILDWOOD FL 34785

Title D  
Name DIXON, RODERICK  
Address 426 HALL ST  
City-State-Zip: WILDWOOD FL 34785

Title D  
Name MATHIS, HAYLEE  
Address 8858 JUNIPER RD  
City-State-Zip: OCALA FL 34480

*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: SHARON CARUTHERS**

**PRESIDENT**

**04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date