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.

VP

#### SIGNATURE: DESIREE GARCIA

I

City-State-Zip: PORT ST LUCIE FL 34983

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** 

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.

•			
Title	Р	Title	VP
Name	GARCIA, FLORENCE	Name	GARCIA, DESIREE
Address	209 NW ST JAMES DR	Address	209 SW SAINT JAMES DR
City-State-Zip:	PORT ST LUCIE FL 34983	City-State-Zip:	PORT ST LUCIE FL 3498
Title	В		
Name	GARCIA, RAMON		
Address	209 SAINT JAMES DR		

209 NW SAINT JAMES DR

PORT ST LUCIE. FL 34983 US

## Entity Name: EMPOWERMENT ACADEMY OF ST. LUCIE, INC

#### **Current Principal Place of Business:**

209 NW SAINT JAMES BLVD PORT ST LUCIE, FL 34983

DOCUMENT# N1700003875

#### **Current Mailing Address:**

209 NW SAINT JAMES BLVD

#### FEI Number: 82-1116888

# Name and Address of Current Registered Agent:

GARCIA, FLORENCE PORT ST LUCIE, FL 34983 US

SIGNATURE:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT	

### FILED Mar 05, 2018 Secretary of State CC5947787274

Certificate of Status Desired: No

DR 983

03/05/2018

Date

Date