

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N21000003424

**Entity Name:** EMPOWERMENT ZONE RE-ENTRY INITIATIVE, INC.

**Current Principal Place of Business:**

1490 N.W. 3RD AVENUE  
SUITE 106  
MIAMI, FL 33136

**Current Mailing Address:**

210 FLORIDA AVE  
CORAL GABLES, FL 33133 US

**FEI Number: 86-2855642**

**Certificate of Status Desired: Yes**

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

SMART, CHERYL  
210 FLORIDA AVE  
CORAL GABLES, FL 33133 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            PRESIDENT  
Name            DEL VALLE, DAMARIS ESQ.  
Address        210 FLORIDA AVENUE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            HOLLEY, DIANE  
Address        210 FLORIDA AVENUE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            HOLLEY, EMILY  
Address        210 FLORIDA AVENUE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            DALTHORP, DITA  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            BLACK, LORNA  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            GOLDBERG, SAM  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title            SECRETARY  
Name            ORTIZ, MELISSA  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            TYLER, DEBRA  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

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*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: ADAM SAPER**

**TREASURER**

**09/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SAPER, ADAM  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title           DIRECTOR  
Name           THWAITES, DUANE  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133

Title           DIRECTOR  
Name           JONES-WEISS, DEBORAH  
Address        210 FLORIDA AVE  
City-State-Zip: CORAL GABLES FL 33133