

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000009794

Entity Name: EMPOWER HER ASSOCIATION INC.**Current Principal Place of Business:**9412 NEW YORK AVE LOT217
HUDSON, FL 34667**Current Mailing Address:**9412 NEW YORK AVE LOT217
HUDSON, FL 34667 US**FEI Number: 87-2336507****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALEJANDRO, ELIZABETH
9412 NEW YORK AVE LOT217
HUDSON, FL 34667 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	CEO
Name	ALEJANDRO, ELIZABETH
Address	318 NORTHEAST 4TH ST
City-State-Zip:	WEBSTER FL 33597

Title	COO
Name	SALVAREZZA, CARRIE A
Address	11910 LAKEWOOD DRIVE
City-State-Zip:	HUDSON FL 34669

Title	CFO
Name	OQUENDO, IRIS T
Address	7241 BLACKHAWK TRAIL
City-State-Zip:	SPRING HILL FL 34606

Title	S
Name	GARCIA, BETZAIDA
Address	6715 DEEB ST APT 26
City-State-Zip:	PORT RICHEY FL 34668

Title	S
Name	ANGUITA-MONTES, ANNA
Address	9412 NEW YORK AVE. LOT 255
City-State-Zip:	HUDSON FL 34667

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: ELIZABETH ALEJANDRO**CEO****07/08/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date