

2023 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: Yes****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 S
Name ANGUIA-MONTES, ANNA
Address 9412 NEW YORK AVE. LOT 255
City-State-Zip: HUDSON FL 34667

Title OFFICER
Name ALVARADO, IVETTE
Address 1403 COPPERTREE DRIVE
City-State-Zip: TARPON SPRINGS FL 34689

Title OFFICER
Name RAMOS, AMBER
Address 11703 SWEET SERENITY LANE
APT 103
City-State-Zip: NEW PORT RICHEY FL 34654

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

Title VP
Name RODRIGUEZ, MELISSA
Address 2981 BONAVENTURE CIRCLE
APT 203
City-State-Zip: PALM HARBOR FL 34684

Title OFFICER
Name SAUREZ, EDNA
Address 4150 CRESTWOOD BLVD
City-State-Zip: NEW PORT RICHEY FL 34653

Title OFFICER
Name SANTIAGO, ANA MARIA
Address 6247 SUTHERLAND AVE
City-State-Zip: NEW PORT RICHEY FL 34653

Continues on page 2

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: AMBER RAMOS**OFFICER****01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	RAMOS, VICTOR ADRIAN
Address	11703 SWEET SERENITY LANE APT 103
City-State-Zip:	NEW PORT RICHEY FL 34654