

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009794

**Entity Name:** EMPOWER HER ASSOCIATION INC.**Current Principal Place of Business:**9412 NEW YORK AVE  
LOT 217  
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  
LOT 217  
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	9412 NEW YORK AVE. LOT 217
City-State-Zip:	HUDSON FL 34667
Title	VP
Name	RODRIGUEZ, MELISSA
Address	2981 BONAVENTURE CIRCLE APT 203
City-State-Zip:	PALM HARBOR FL 34684
Title	ASST. SECRETARY
Name	RAMOS, AMBER
Address	9846 GOLDEN LOOP
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	OFFICER
Name	ANGUITA-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, VICTOR ADRIAN
Address	9846 GOLDEN LOOP
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DEACONESS
Name	MORALES, CARMEN
Address	243 SOUTH PARK DR. APT F5
City-State-Zip:	WOODBIDGE NJ 07095

*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

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date