

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000001192

**Entity Name:** EMPOWER "U", INC.

**Current Principal Place of Business:**

7900 N.W. 27TH AVE, SUITE E-12  
MIAMI, FL 33147-4909

**Current Mailing Address:**

7900 N.W. 27TH AVE, SUITE E-12  
MIAMI, FL 33147-4909 US

**FEI Number:** 65-0899207

**Certificate of Status Desired:** No

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

BETHUNE, TERRI-ANN LESLENE  
7900 NW 27TH AVE  
STE E-12  
MIAMI, FL 33147 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:** TERRI-ANN LESLENE BETHUNE

01/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name WYATT, BELITA  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title CHAIRMAN  
Name REVERE, YELENA DR.  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name MCCLENDON, VANDILLA  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title VC  
Name MIMS, FRED  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name GILES, BRUCE  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name DAVIS, LISA  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name WHITE, ANN  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name MARIN, RAQUEL  
Address 7900 NW 27TH AVE  
SUITE E-12  
City-State-Zip: MIAMI FL 33147

**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:** TERRI-ANN LESLENE BETHUNE

OFFICER

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name HILL, JAMES  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title COO  
Name BENOIT, PHARA  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title OFFICER  
Name BETHUNE, TERRI-ANN  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title DIRECTOR  
Name NIVAR, FREDDY  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title CFO  
Name GAYLE, PHILIP  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909

Title CMO  
Name THORNTON, DARREN THOMAS  
Address 7900 N.W. 27TH AVE, SUITE E-12  
City-State-Zip: MIAMI FL 33147-4909