2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N00000004819

Entity Name: THE EMPOWERMENT ALLIANCE OF SOUTHWEST FLORIDA COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

640 NINTH ST. NO.
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

640 NINTH ST. NO.
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 59-3682139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CACCHIONE, BARBARA A
640 NINTH ST. NO.
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OLESKY, EDWARD
Address: 6001 TRAFFORD MARINA
City-St-Zip: IMMOKALEE, FL 33934

Title: D ( ) Delete
Name: BIANTON, DENISE
Address: 1206 CAMELLA AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: SMALLS, FREDERICK
Address: 1037 MISSISSPPI AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: EVERS, LAURIE
Address: 1501 LAKE HAFFORD ROAD
City-St-Zip: IMMOKALEE, FL 34142

Title: D ( ) Delete
Name: SIMMONS, NARDINA
Address: 1023 LOUISIANNA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: FLORES, YOLANDA
Address: 750 SOUTH 5TH STREET
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SMALL, FREDERICK
Address: 1037 MISSISSPPI AVE
City-St-Zip: CLEWISTON, FL 33440

Title: D (X) Change ( ) Addition
Name: BRIEFMAN, SAMUEL
Address: P. O. BOX 1307
City-St-Zip: BELLE GLADE, FL 33430

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FLORES, YOLANDA
Address: 20290 HAPPY DALE LANE
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD R. OLESKY O 04/14/2004

Electronic Signature of Signing Officer or Director — Date