2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004819

FILED Feb 11, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

640 NINTH ST. NO. 750 SOUTH FIFTH STREET IMMOKALEE, FL 34142 IMMOKALEE, FL 34142

Current Mailing Address: New Mailing Address:

640 NINTH ST. NO. 750 SOUTH FIFTH STREET IMMOKALEE, FL 34142 IMMOKALEE, FL 34142

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

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

CACCHIONE, BARBARA A
640 NINTH ST. NO.
150 SOUTH FIFTH STREET
1MMOKALEE, FL 34142 US
1MMOKALEE, FL 34142 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: 02/11/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: O (X) Change () Addition
Name: OLESKY, EDWARD
Address: 6001 TRAFFORD MARINA

Address: 6001 TRAFFORD MARINA
City-St-Zip: IMMOKALEE, FL 33934

Address: 6001 TRAFFORD MARINA
City-St-Zip: IMMOKALEE, FL 33934

Title: D () Delete Title: O (X) Change () Addition Name: BIANTON, DENISE BIANTON, DENISE

Address: 1206 CAMELLA AVE
City-St-Zip: IMMOKALEE, FL 34142

Name: BIANTON, DENISE
Address: 1206 CAMELLA AVE
City-St-Zip: IMMOKALEE, FL 34142

Name: BIANTON, DENISE
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete Title: O (X) Change () Addition Name: SMALL, FREDERICK Name: SMALL, FREDERICK

Address: 1037 MISSISSPPI AVE Address: 1037 MISSISSPPI AVE
City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete Title: D (X) Change () Addition
Name: BRIEFMAN, SAMUEL Name: ADAME, MARIA

Address: P. O. BOX 1307 Address: 210 SOUTH FIRST STREET

City-St-Zip: BELLE GLADE, FL 33430 City-St-Zip: IMMKALEE, FL 34142

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

Title: D () Delete Title: O (X) Change () Addition

 Name:
 FLORES, YOLANDA
 Name:
 FLORES, YOLANDA

 Address:
 20290 HAPPY DALE LANE
 Address:
 20290 HAPPY DALE LANE

 City-St-Zip:
 ESTERO, FL 33928
 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 MR. 02/11/2005