

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004819

FILED  
Feb 28, 2006  
Secretary of State

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

**Current Principal Place of Business:**

750 SOUTH FIFTH STREET  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

750 SOUTH FIFTH STREET  
IMMOKALEE, FL 34142

**New Mailing Address:**

**FEI Number:** 59-3682139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CACCHIONE, BARBARA A  
750 SOUTH FIFTH STREET  
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: O ( ) Delete  
Name: OLESKY, EDWARD  
Address: 6001 TRAFFORD MARINA  
City-St-Zip: IMMOKALEE, FL 33934

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

Title: O ( ) Delete  
Name: SMALL, FREDERICK  
Address: 1037 MISSISSIPPI AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete  
Name: ADAME, MARIA  
Address: 210 SOUTH FIRST STREET  
City-St-Zip: IMMOKALEE, FL 34142

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

Title: O ( ) Delete  
Name: FLORES, YOLANDA  
Address: 20290 HAPPY DALE LANE  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DENISE BLANTON

TREA

02/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date