

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 035 \*\*\*\*61.25

**DOCUMENT # N01000005566**

1. Entity Name

AMAZING GRACE EMPOWERMENT MINISTRY, INC.



Principal Place of Business

96079  
86079 N. PRINCE DR  
YULEE FL 32097

Mailing Address

96079  
86079 N. PRINCE DR  
YULEE FL 32097



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3748576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

96079  
BRITT, HELEN  
39 N PRINCE DR  
YULEE FL 32097

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Helen B. Britt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*04/03/06*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
BRITT, HELEN  
39 PRINCE DR  
YULEE FL 32097 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCD  
BRITT, KERRY  
824 10TH ST NE  
WASHINGTON DC 20002 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
SEGLER, TONY  
10135 GATE RUN  
JACKSONVILLE FL 32246 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
SIMS, FELICIA  
PO BOX 1701  
YULEE FL 32041 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Helen Britt*  
*96079 N. Prince Dr*  
*Yulee, FL 32097* ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Helen B. Britt*

*Helen B. Britt*

Date

Daytime Phone #

*04/03/06*