

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007577

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SYNERGY EMPOWERMENT MINISTRIES, INC.

Current Principal Place of Business:

1818 29TH AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

1818 29TH AVE N
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 75-2997661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESLER, LINDA L
1818 29TH AVE N
ST PETERSBURG, FL 33713

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: T () Delete
Name: SESLER, LINDA L
Address: 5916 5TH AVE N #B3
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: DANCIL, DARLENE
Address: 1960 LAKEWOOD CLUB DR S
City-St-Zip: ST PETERSBURG, FL 33712

Title: T () Delete
Name: MAXWELL, JAMES
Address: P.O.BOX 12216
City-St-Zip: ST PETERSBURG, FL 33733

Title: T () Delete
Name: FARLEY, CARLOS D
Address: 2936 DREW ST APT #1324
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: FARLEY, STACEY D
Address: 2936 DREW ST APT #1324
City-St-Zip: CLEARWATER, FL 33759

Title: T () Delete
Name: VAUGHN, CORLETTA
Address: 1745 E GRAND BLVD
City-St-Zip: DETROIT, MI 48211

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 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: LINDA L. SESLER

PRES

05/01/2002

Electronic Signature of Signing Officer or Director

Date