

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90207 010 \*\*\*\*70.00

**60034567**



04112006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N01000007577</b> 1. Entity Name <b>SYNERGY EMPOWERMENT MINISTRIES, INC.</b>					
Principal Place of Business <b>1818 29TH AVE N ST PETERSBURG, FL 33713</b>			Mailing Address <b>1818 29TH AVE N ST PETERSBURG, FL 33713</b>		
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 <b>75-2997661</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SESLE, LINDA L 5916 - 5TH AVENUE NORTH #B-3 ST PETERSBURG, FL 33710</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>Linda L. Sesler</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Linda L. Sesler</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>4/19/06</i> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SESLE, LINDA L		NAME		
STREET ADDRESS	5916 5TH AVE N, APT 3B		STREET ADDRESS		
CITY-ST- ZIP	ST PETERSBURG, FL 33710		CITY-ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANCIL, DARLENE		NAME		
STREET ADDRESS	5201 ARAGON WAY SOUTH		STREET ADDRESS		
CITY-ST- ZIP	SAINT PETERSBURG, FL 33705		CITY-ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MICHAEL		NAME		
STREET ADDRESS	4415 - 2ND AVENUE SOUTH		STREET ADDRESS		
CITY-ST- ZIP	ST PETERSBURG, FL 33712		CITY-ST- ZIP		
TITLE	VTD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, CARLOS D		NAME	<b>FARLEY, CARLOS D</b>	
STREET ADDRESS	4579 54TH AVE N		STREET ADDRESS	<b>6410 23RD ST. So., APT. 474</b>	
CITY-ST- ZIP	SAINT PETERSBURG, FL 33714		CITY-ST- ZIP	<b>ST. Petersburg, FL 33712</b>	
TITLE	VSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, STACEY D		NAME		
STREET ADDRESS	4579 54TH AVE N		STREET ADDRESS		
CITY-ST- ZIP	SAINT PETERSBURG, FL 33714		CITY-ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, PAMELA		NAME		
STREET ADDRESS	5916 5TH AVE N, APT 3B		STREET ADDRESS		
CITY-ST- ZIP	SAINT PETERSBURG, FL 33710		CITY-ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>PAMELA HOBBS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>PAMELA HOBBS</i>		<i>04/19/06</i> <small>Date</small>	
				<i>727-459-4048</i> <small>Daytime Phone #</small>	