

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90476 009 *****70.00

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1. Entity Name

SYNERGY EMPOWERMENT MINISTRIES, INC.



Principal Place of Business

**1818 29TH AVE N
ST PETERSBURG FL 33713**

Mailing Address

**1818 29TH AVE N
ST PETERSBURG FL 33713**

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 **75-2997661**

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

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

Name

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

City

FL

Zip Code

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

Linda L. Sesler

LINDA L. SESLER

03-24-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **SESLER, LINDA L**
STREET ADDRESS **5916 5TH AVE N #B3**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME **DANCIL, DARLENE**
STREET ADDRESS **1960 LAKEWOOD CLUB DR S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

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

TITLE ☐ Delete
NAME **MAXWELL, JAMES**
STREET ADDRESS **P.O. BOX 12216**
CITY-ST-ZIP **ST PETERSBURG FL 33733**

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

TITLE ☐ Delete
NAME **FARLEY, CARLOS D**
STREET ADDRESS **2936 DREW ST APT #1324**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
NAME **FARLEY, CARLOS D**
STREET ADDRESS **4579 54TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33714**

TITLE ☐ Delete
NAME **FARLEY, STACEY D**
STREET ADDRESS **2936 DREW ST APT #1324**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
NAME **FARLEY, STACEY D**
STREET ADDRESS **4579 54TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33714**

TITLE ☐ Delete
NAME **VAUGHN, CORLETTA**
STREET ADDRESS **1745 E GRAND BLVD**
CITY-ST-ZIP **DETROIT MI 48211**

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Carlos D. Farley

REQUIRED

CARLOS D. FARLEY

03-24-03

727-522-2864

CR2E037 (10/02)