


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90005 012 ****70.00

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|---|---|---------------------------------|---|---|--|
| DOCUMENT # N01000008221 1. Entity Name FAMILY EMPOWERMENT COALITION, INC. | | | |  | |
| Principal Place of Business C/O THE LORD'S PLACE 2808 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407 | | | Mailing Address C/O THE LORD'S PLACE PO BOX 3265 WEST PALM BEACH, FL 33402 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | | 3. Mailing Address C/O Dorla Leslie, Center for Family Services Suite, Apt. #, etc. 471 Spencer Dr. City & State West Palm Beach, FL Zip 33409 Country USA | | |
| 4. FEI Number 01-0588442 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent CABRERA, SUZANNE P C/O THE LORD'S PLACE 2808 N AUSTRALIAN AVE WEST PALM BEACH, FL 33402 | | | 7. Name and Address of New Registered Agent Name Dorla Leslie Street Address (P.O. Box Number is Not Acceptable) C/O The Center for Family Services 471 Spencer Dr. City West Palm Beach | | |
| 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, typed or printed name of registered agent and title if applicable. <i>Dorla Leslie</i> (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERTISCH, ROBERT 423 FERN ST., STE. 200 WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIPPLETT, WENDY 2200 N FLORIDA MANGO RD., #102 WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TIPPLETT, WENDY 1712 SECOND AVENUE NORTH LAKE WORTH, FL 33460 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABRERA, SUZANNE P PO BOX 3265 WEST PALM BEACH, FL 33402 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LESLIE, DORLA 471 SPENCER DR. WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D O'BRIEN, PAM PO BOX 667 DELRAY BEACH, FL 33447 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, SUZANNE 2200 N. FLORIDA MANGO RD. #102 WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Dorla Leslie</i> 7/27/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |