


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

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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 DORIS LESLIE CTR FOR FMLY SERVICE 471 SPENCER DR WEST PALM BEACH FL 33409
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 01-0588442	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LESLIE, DORLA C/O THE CENTER FOR FAMILY SERVICES 471 SPENCER DR WEST PALM BEACH FL 33409
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) 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	DV BERTISCH, ROBERT <input type="checkbox"/> Delete 423 FERN ST., STE. 200 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TIPPLETT, WENDY <input type="checkbox"/> Delete 1712 SECOND AVENUE NORTH LAKE WORTH FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, SUZANNE P <input type="checkbox"/> Delete PO BOX 3265 WEST PALM BEACH FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LESLIE, DORLA <input type="checkbox"/> Delete 471 SPENCER DR. WEST PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, PAM <input type="checkbox"/> Delete PO BOX 667 DELRAY BEACH FL 33447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, SUZANNE <input type="checkbox"/> Delete 2200 N. FLORIDA MANGO RD. #102 WEST PALM BEACH FL 33409

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000508673 04/28/06-80014-004 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: D. Leslie **D. Leslie**

4/10/06 561-616-1264