

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008221

FILED
Jun 22, 2009
Secretary of State

Entity Name: FAMILY EMPOWERMENT COALITION, INC.

Current Principal Place of Business:

4101 PARKER AVE.
WEST PALM BEACH, FL 33405

New Principal Place of Business:

1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460

Current Mailing Address:

4101 PARKER AVE.
WEST PALM BEACH, FL 33405

New Mailing Address:

1712 SECOND AVENUE NORTH
LAKE WORTH, FL 33460

FEI Number: 01-0588442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LESLIE, DORLA
C/O THE CENTER FOR FAMILY SERVICES
4101 PARKER AVE
WEST PALM BEACH, FL 33405 US

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: DV () Delete
Name: BERTISCH, ROBERT
Address: 423 FERN ST., STE. 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP () Delete
Name: TIPPETT, WENDY
Address: 1712 SECOND AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: DT () Delete
Name: LESLIE, DORLA
Address: 471 SPENCER DR.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: O'BRIEN, PAM
Address: PO BOX 667
City-St-Zip: DELRAY BEACH, FL 33447

Title: D () Delete
Name: TURNER, SUZANNE
Address: 2200 N. FLORIDA MANGO RD. #102
City-St-Zip: WEST PALM BEACH, FL 33409

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WENDY TIPPETT

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date