

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90820 017 *****70.00

0035673

DOCUMENT # N01000008221

1. Entity Name

FAMILY EMPOWERMENT COALITION, INC.



Principal Place of Business

**C/O THE LORD'S PLACE
4964 WEDGEWOOD WAY
WEST PALM BEACH FL 33417**

Mailing Address

**C/O THE LORD'S PLACE
PO BOX 7117
WEST PALM BEACH FL 33405**

2. Principal Place of Business

**c/o The Lord's Place
Suite, Apt. #, etc.
2808 N Australian Ave
City & State
West Palm Beach FL
Zip
33407 Country
USA**

3. Mailing Address

**c/o The Lord's Place
Suite, Apt. #, etc.
P.O. Box 3265
City & State
West Palm Beach FL
Zip
33402 Country
USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0588442**

Applied For
Not Applicable

5. Certificate of Status Desired -- ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, SUZANNE P
C/O THE LORD'S PLACE
4964 WEDGEWOOD WAY
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**c/o The Lord's Place
2808 N Australian Ave
City
West Palm Beach FL Zip Code
33402**

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

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

Suzanne P Cabrera

4-25-03

(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

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	D BOZARTH, TERRY L 2200 N. FLORIDA MANGO RD. #102 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, SUZANNE P PO BOX 7117 WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESUE, DORLA 471 SPENCER DR. WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
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	D PHILLIPS, BEVERLY 2200 N. FLORIDA MANGO RD. #102 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D - Wendy Tippett 2200 N Florida Mango Rd #102 West Palm Beach FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P.O. Box 3265 West Palm Beach, FL 33402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D - Suzanne Turner 2200 N. Florida Mango RD #102 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" 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:

Suzanne P Cabrera
Suzanne P Cabrera 4-25-03 561 494-0125

CR2E037 (10/02)