## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006328

FILED Mar 09, 2005 Secretary of State

Entity Name: COMMUNITY ORGANIZATION TO PROMOTE EMPOWERMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

5512 N. 47TH STREET 10013 LANTANA AVE TAMPA, FL 33610 TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

5512 N. 47TH STREET TAMPA, FL 33610

FEI Number: 11-3649274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANKS, DEGRANDO JR 2023 CHELAM WAY BRANDON, FL 33511 US

**OFFICERS AND DIRECTORS:** 

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

## Electronic eignature of registered

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: PRES (X) Change ( ) Addition Name: MYERS, MARILYN Name: FRANKS, DEGRANDO DR. Address: 5500 CULBREATH KEY WAY Address: 2023 CHELAM WAY City St Zin: TAMPA EL 33611

City-St-Zip: TAMPA, FL 33611 City-St-Zip: BRANDON, FL 33511

Title: Title: (X) Change ( ) Addition ( ) Delete JOHNSON, ELLIOTT DR Name: Name: MYERS, MARILYN Address: 816 E GENESSEE CT Address: 5500 CULBREATH WAY City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33611

Title: T ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 WOOTEN, CARLOS SR
 Name:
 JOHNSON, ELLIOTT DR

 Address:
 7311 FILBERT LANE
 Address:
 816 E GENESSEE ST.

 City-St-Zip:
 TAMPA, FL 33637
 City-St-Zip:
 TAMPA, FL 33603

 $\label{eq:Title:$ 

 Name:
 Name:
 WOOTEN, CARLOS SR

 Address:
 Address:
 7311 FILBERT LANE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. DEGRANDO FRANKS JR. CEO 03/09/2005