

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006328

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** COMMUNITY ORGANIZATION TO PROMOTE EMPOWERMENT, INC.

**Current Principal Place of Business:**

10013 LANTANA AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

5512 N. 47TH STREET  
TAMPA, FL 33610

**Current Mailing Address:**

5512 N. 47TH STREET  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 11-3649274      **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:**

FRANKS, DEGRANDO JR  
2023 CHELAM WAY  
BRANDON, FL 33511      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: PRES      ( ) Delete  
Name: FRANKS, DEGRANDO DR.  
Address: 2023 CHELAM WAY  
City-St-Zip: BRANDON, FL 33511

Title: VP      ( ) Delete  
Name: MYERS, MARILYN  
Address: 5500 CULBREATH WAY  
City-St-Zip: TAMPA, FL 33611

Title: S      ( ) Delete  
Name: JOHNSON, ELLIOTT DR  
Address: 816 E GENESSEE ST.  
City-St-Zip: TAMPA, FL 33603

Title: T      ( ) Delete  
Name: WOOTEN, CARLOS SR  
Address: 7311 FILBERT LANE  
City-St-Zip: TAMPA, FL 33637

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. DEGRANDO FRANKS

PRES

05/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date