2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# N02000006328

Entity Name: COMMUNITY ORGANIZATION TO PROMOTE EMPOWERMENT, INC.

Current Principal Place of Business:

5512 N. 47TH STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 310105
TAMPA, FL 33680

New Mailing Address:

FEI Number: 11-3649274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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: WOOTEN, CARLOS SR
Address: 7311 FILBERT LANE
City-St-Zip: TAMPA, FL 33637

Title: T ( ) Delete
Name: GAULDIN, JOHN
Address: P O BOX 643, LESS TRAVELED ROAD
City-St-Zip: THONOTASSA, FL 33592

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 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 06/18/2009
Electronic Signature of Signing Officer or Director — Date