

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006328

**FILED**  
**May 04, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2023 CHELAM WAY  
BRANDON, FL 33511

**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 ( )**

**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  
**Name:** FRANKS, DEGRANDO DR.  
**Address:** 2023 CHELAM WAY  
**City-St-Zip:** BRANDON, FL 33511

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

**Title:** S  
**Name:** WOOTEN, CARLOS SR  
**Address:** 7311 FILBERT LANE  
**City-St-Zip:** TAMPA, FL 33637

**Title:** T  
**Name:** HARRISON, GEORGE  
**Address:** 10013 LANTANA AVE  
**City-St-Zip:** TAMPA, FL 33613

I hereby 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 all other like empowered.

**SIGNATURE:** DR DEGRANDO FRANKS

PRES

05/04/2011

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

\_\_\_\_\_  
Date