

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

FILED
Sep 18, 2003 8:00 am
Secretary of State

9/5/

09-05-2003 90113 031 ****61.25

DOCUMENT # N02000006328

1. Entity Name

**COMMUNITY ORGANIZATION TO PROMOTE EMPOWERMENT, I
NC.**



Principal Place of Business

**5512 N. 47TH STREET
TAMPA FL 33610**

Mailing Address

**5512 N. 47TH STREET
TAMPA FL 33610**

55056801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3649274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKS
FRANKS, DEGRANDO JR.
2023 CHELAM WAY
BRANDON FL 33511**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dr. Degrande Franks Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 **Vice President** ☐ Delete
NAME **Marilyn Myers**
STREET ADDRESS **5500 Culbreath Key Way**
CITY-ST-ZIP **Tampa FL 33611**

TITLE **Secretary** ☐ Delete
NAME **Dr. Elliott Johnson**
STREET ADDRESS **916 E Genessee St**
CITY-ST-ZIP **Tampa FL 33603**

TITLE **Treasurer** ☐ Delete
NAME **Carlos Wooten Sr**
STREET ADDRESS **7311 Filbert Lane**
CITY-ST-ZIP **Tampa FL 33637**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Carlos B. Wooten Sr **Carlos B. Wooten Sr** **9-1-03** **980-1882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)