

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000330

FILED
May 01, 2006
Secretary of State

Entity Name: HOUSING RESOURCE AND EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

P.O. BOX 770962
CORAL SPRINGS, FL 33077

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770962
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 30-0150409 **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:

KEMP, LAMARR DEAN DR
P.O. BOX 770962
CORAL SPRINGS, FL 33077 US

Name and Address of New Registered Agent:

KEMP, SR., LAMARR D DR
P.O. BOX 770962
CORAL SPRINGS, FL 33077 US

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: LAMARR D. KEMP, SR.

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMP, LAMARR D SR
Address: P.O. BOX 770962
City-St-Zip: CORAL SPRINGS, FL 33077

Title: STD () Delete
Name: KEMP, AMELIA B
Address: P.O. BOX 770962
City-St-Zip: CORAL SPRINGS, FL 33077

Title: D () Delete
Name: SOLOMON, LYNN D
Address: 324 DATURA STREET SUITE 235
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: PRILLAMAN, APRIL
Address: 2456 IVERSON STREET
City-St-Zip: TEMPLE HILLS, MD 20748

Title: D () Delete
Name: COLEMAN, ROBBYN
Address: 523 ROXBORO PLACE
City-St-Zip: WASHINGTON, DC 20011

Title: D () Delete
Name: KEMP, BERNARD W
Address: 650 BROAD CREEK DRIVE
City-St-Zip: FT. WASHINGTON, MD 20744

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
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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: LAMARR D. KEMP, SR.

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date