

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009503

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: EMPOWERMENT RESOURCES INC.

## Current Principal Place of Business:

3832-010 BAYMEADOWS RD.  
#348  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

## Current Mailing Address:

3832-010 BAYMEADOWS RD.  
#348  
JACKSONVILLE, FL 32217

## New Mailing Address:

FEI Number: 54-2147918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLEMAN-MOSS, ELEXIA DIRECTO  
3832-010 BAYMEADOWS RD.  
SUITE 348  
JACKSONVILLE, FL 32217 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: D ( ) Delete  
Name: JACKSON, NANCY  
Address: 133 W. 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D (X) Delete  
Name: CROSS, LAUREASE  
Address: 133 W. 9TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: D (X) Delete  
Name: HENRY, TASMIA DR  
Address: 1899 BOULDER RIDGE PKWY  
City-St-Zip: ELLENWOOD, GA 30294

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HENRY, O  
Address: 3145 PARKRIDGE DR.  
City-St-Zip: TALLAHASSEE, FL 32305

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: ELEXIA COLEMAN-MOSS

ED

04/29/2007

Electronic Signature of Signing Officer or Director

Date