

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010316

1. Entity Name
RAYMON'S EMPOWERMENT CENTER INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 30 AM 9:39

Principal Place of Business
1035 TOLKIEN LANE
JACKSONVILLE, FL 32225

Mailing Address
1035 TOLKIEN LANE
JACKSONVILLE, FL 32225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252004 Chg-NP CR2E037 (10/03)

4. FEI Number

73-1687732

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, VERONICA P
1035 TOLKIEN LANE
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 ☐ Delete
NAME **PCED**
STREET ADDRESS MILLER, VERONICA
CITY-ST-ZIP 1035 TOLKIEN LANE
JACKSONVILLE, FL 32225

TITLE ☐ Delete
NAME **T**
STREET ADDRESS MILLER, KEVIN
CITY-ST-ZIP 1035 TOLKIEN LANE
JACKSONVILLE, FL 32225

TITLE ☐ Delete
NAME **S**
STREET ADDRESS ANDERSON, SHAWANNA
CITY-ST-ZIP 2990 CAPTIVA BLUFF CT.
JACKSONVILLE, FL 32226

TITLE ☐ Delete
NAME **D**
STREET ADDRESS WATKINS, ANTHONY
CITY-ST-ZIP 1044 LAWFIN
JACKSONVILLE, FL 32211

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 **D**
STREET ADDRESS Sallie macormick-1.
CITY-ST-ZIP 2030 Wyandham Hollow Ct.
JACKSONVILLE FL 32246

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS Decosray Davis
CITY-ST-ZIP 65 Edgar St
Atlantic Beach FL 32233

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS Marcia Gail Baker
CITY-ST-ZIP 1549 Jordan St.
Atlantic Beach FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 100035732421
05/07/04-01015--011 **70.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copy to Phone #

4-30-2004