

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002721

FILED
Jul 07, 2005
Secretary of State

Entity Name: EMPOWERMENT MINISTRIES, INC.

Current Principal Place of Business:

POST OFFICE BOX 555914
ORLANDO, FL 32855

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 555914
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 20-0705776 **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:

COBARIS, DIEDRA M
7707 REX HILL TRAIL
ORLANDO, FL 32818 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: O () Delete
Name: COBARIS, KELVIN L
Address: POST OFFICE BOX 555914
City-St-Zip: ORLANDO, FL 32855

Title: O () Delete
Name: COBARIS, DIEDRA M
Address: POST OFFICE BOX 555914
City-St-Zip: ORLANDO, FL 32855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KELVIN L. COBARIS

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07/07/2005

Electronic Signature of Signing Officer or Director

Date