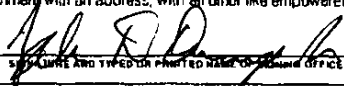


FILED
Jun 12, 2007 8:00 am
Secretary of State

5/2

05-22-2007 90014 034 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000003291 1. Entity Name EMPOWERMENT FIRST INC		
Principal Place of Business 3255 N MEADOWLEA CIRCLE JACKSONVILLE, FL 32218	Mailing Address 3255 N MEADOWLEA CIRCLE JACKSONVILLE, FL 32218	66018861 
DO NOT WRITE IN THIS SPACE		05142007 No Chg-NP CR2E037 (4/06)
		4. FEI Number NOT APPLICABLE Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ORANGE, JOHN D JR 3255 N MEADOWLEA CIRCLE JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE
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 registering) DATE _____		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CH SARKEES, FRED 305 N WASHINGTON ST JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COCH GALLO, JOHN R 3629 SANDBURG RD JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S COCHRAN, MIKE 5334 YERKES ST. JACKSONVILLE, FL 32205	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA FALCONER, CARL 888 FRANKLIN ST JACKSONVILLE, FL 32206	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 REGISTERED OFFICER OR DIRECTOR		6/9/07 DATE