FILED
Jun 12, 2007 8:00 am
Secretary of State
05-22-2007 90014 034 ****61.25

5/2

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000003291

1. Entity Name
EMPOWERMENT FIRST INC

Principal Place of Business	Mailing Address
3255 N MEADOWLEA CIRCLE JACKSONVILLE, FL 32218	3255 N MEADOWLEA CIRCLE JACKSONVILLE, FL 32218

66018861

05142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CH
NAME	SARKEES, FRED
STREET ADDRESS	305 N WASHINGTON ST
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	COCH
NAME	GALLO, JOHN R
STREET ADDRESS	3629 SANDBURG RD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	S
NAME	COCHRAN, MIKE
STREET ADDRESS	5334 YERKES ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	TREA
NAME	FALCONER, CARL
STREET ADDRESS	888 FRANKLIN ST
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date