# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 02, 2008**
**Secretary of State**

DOCUMENT# N04000003291

**Entity Name:** EMPOWERMENT FIRST INC

**Current Principal Place of Business:**

3255 N MEADOWLEA CIRCLE
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

3255 N MEADOWLEA CIRCLE
JACKSONVILLE, FL 32218

**New Mailing Address:**

870 CHERRY POINT WAY
JACKSONVILLE, FL 32218

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

ORANGE, JOHN D JR
3255 N MEADOWLEA CIRCLE
JACKSONVILLE, FL 32218 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: JOHN D ORANGE, JR
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete
Name: SARKEES, FRED
Address: 305 N WASHINGTON ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: COCH (X) Delete
Name: GALLO, JOHN R
Address: 3629 SANDBURG RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: S ( ) Delete
Name: COCHRAN, MIKE
Address: 5334 YERKES ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: TREA ( ) Delete
Name: FALCONER, CARL
Address: 888 FRANKLIN ST
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CH (X) Change ( ) Addition
Name: SARKEES, FRED
Address: 507 E. CHURCH ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: FALCONER, CARL
Address: 870 CHERRY POINT WAY
City-St-Zip: JACKSONVILLE, FL 32218

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: CARL FALCONER TREA 10/02/2008
Electronic Signature of Signing Officer or Director — Date