

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004416

FILED
Apr 06, 2009
Secretary of State

Entity Name: OPERATION EMPOWERMENT, INC.

Current Principal Place of Business:

3402 SHERRY DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

3402 SHERRY DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 13-4279676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMAX, LEIGH A
3402 SHERRY DR.
BRANDON, FL 33511 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: P () Delete
Name: LOMAX, WAYNE R
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: LOMAX, LEIGH A
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: S () Delete
Name: LOMAX, LEIGH A
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: LOMAX, WAYNE R
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOMAX, LEIGH A
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

Title: V (X) Change () Addition
Name: LOMAX, WAYNE R
Address: 3402 SHERRY DRIVE
City-St-Zip: BRANDON, FL 33511

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 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: LEIGH LOMAX

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date