2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# N04000005487

Entity Name: EMPOWERMENT CHRISTIAN COMMUNITY CORPORATION

Current Principal Place of Business:

2363 SE 19 ST
HOMESTEAD, FL 33035 US

New Principal Place of Business:

Current Mailing Address:

2363 SE 19 ST
HOMESTEAD, FL 33035 US

New Mailing Address:

FEI Number: 01-0815794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENGIFO, MARY
2383 SE 19 ST
HOMESTEAD, FL 33035 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: PCEO ( ) Delete
Name: RENGIFO, MARY
Address: 2383 SE 19 ST
City-St-Zip: HOMESTEAD, FL 33035

Title: S ( ) Delete
Name: VALDES, GLADYS E
Address: 29950 SW 143 CT
City-St-Zip: HOMESTEAD, FL 330333906

Title: T ( ) Delete
Name: RODRIGUEZ, JENNIFER
Address: 528 NW 3 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: GILKES, ISIS
Address: 1102 N FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete
Name: ORELLANA, GUSTAVO
Address: 2225 SE 23 AVE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: MARY RENGIFO PCEO 02/20/2007
Electronic Signature of Signing Officer or Director — Date