

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008661

FILED  
Sep 15, 2009  
Secretary of State

Entity Name: EMPOWERMENT OF FLORIDA INC

**Current Principal Place of Business:**

7717 BRANDON COVE CT  
JACKSONVILLE, FL 32219 FL

**New Principal Place of Business:**

**Current Mailing Address:**

7717 BRANDON COVE CT  
JACKSONVILLE, FL 32219 FL

**New Mailing Address:**

FEI Number: 20-2721328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

**Name and Address of New Registered Agent:**

FROMMER, GLENN  
7717 BRANDON COVE CT  
JACKSONVILLE, FL 32219 US

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: GLENN, FROMMER  
Address: 5719 PARKSTONE CROSSING  
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete  
Name: EDWARDS, SANJAE  
Address: 5719 PARKSTONE CROSSING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T ( ) Delete  
Name: CONSTANTINIDOU, MARIA  
Address: 2781 OCEAN CLUB BLVD APT 202  
City-St-Zip: HOLLYWOOD, FL 33019

**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:

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: GLENN FROMMER

P

09/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date