

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010405

FILED
Mar 21, 2009
Secretary of State

Entity Name: PAHOKEE EMPOWERMENT PROGRAM, INC.

Current Principal Place of Business:

245 WEST THIRD STREET
PAHOKEE, FL 33476

New Principal Place of Business:

Current Mailing Address:

245 WEST THIRD STREET
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 20-2219920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT THOMPSON, INC.
5971 DURANGO DRIVE
LAKE WORTH, FL 33467 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: PRES () Delete
Name: MICKINS, BUD
Address: 3420 BACOM PT ROAD
City-St-Zip: PAHOKEE, FL 33476

Title: VP () Delete
Name: MCPHERSON, EVERETT
Address: 155 N. GREENSTAR AVE.
City-St-Zip: PAHOKEE, FL 33476

Title: SEC () Delete
Name: HARLEY, YOULANDO
Address: 512 W. BAINES TER
City-St-Zip: PAHOKEE, FL 33476

Title: ADMI () Delete
Name: DUKES-CHISHOLM, CORNESA
Address: P.O. BOX 503
City-St-Zip: PAHOKEE, FL 33476

Title: PRES () Delete
Name: MICKINS, BUD
Address: 3420 BACOM POINT ROAD
City-St-Zip: PAHOKEE, FL 33476

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 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: BUD MICKINS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date