

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000205

FILED
Jul 24, 2007
Secretary of State

Entity Name: THE INSTITUTE FOR EMPOWERING THE POOR, INC.

Current Principal Place of Business:

13252 HASTINGS LANE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13252 HASTINGS LANE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-2927564 **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:

HERNANDEZ, ISMAEL
13252 HASTINGS LANE
FORT MYERS, FL 33913 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: D () Delete
Name: AUSTIN, STU PASTOR
Address: 1535 MCGREGOR RESERVE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: FELBER, TERRY
Address: 3331 SE 22ND PL.
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SLOT, JAKE
Address: 17701 HERON LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: GLOVER, WILLIAM PASTOR
Address: 2856 DOUGLAS AVE.
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: HERNANDEZ, ISMAEL
Address: 13252 HASTINGS LANE
City-St-Zip: FORT MYERS, FL 33913

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: ISMAEL HERNANDEZ

MR.

07/24/2007

Electronic Signature of Signing Officer or Director

Date