

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

DOCUMENT# N05000001857

Entity Name: VILLAGE EMPOWERMENT INC.

**Current Principal Place of Business:**

302 CHURCH ST  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

302 CHURCH ST  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 00-3331720      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BLOUNT, JAMES T  
810 WOODEN BLVD  
ORLANDO, FL 32805      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: JAMES T BLOUNT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BLOUNT, JAMES T  
Address: 810 WOODEN BLVD  
City-St-Zip: ORLANDO, FL 32805

Title: D      ( ) Delete  
Name: SNOW, RAY  
Address: 2026 PRUITT ST  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: CONNELLY, DARRYL E  
Address: 2136 WOODLAND BLVD  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: CONEY, BETTYE S  
Address: P O BOX 491058  
City-St-Zip: LEESBURG, FL 347491058

Title: D      ( ) Delete  
Name: ADSIDE, DOROTHY  
Address: 115 E CLEVELAND ST  
City-St-Zip: LEESBURG, FL 34748

Title: D      ( ) Delete  
Name: COLEMAN, RALPH SR  
Address: 321 BENTBOUGH DR  
City-St-Zip: LEESBURG, FL 34748

**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:

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: JAMES T BLOUNT

Electronic Signature of Signing Officer or Director

PRES

10/06/2006

Date