

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 015 ****61.25

DOCUMENT # N05000001857			
1. Entity Name VILLAGE EMPOWERMENT INC.			
Principal Place of Business 302 CHURCH ST LEESBURG, FL 34748		Mailing Address 302 CHURCH ST LEESBURG, FL 34748	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 810 WOODEN BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip 32805	Country Orange
6. Name and Address of Current Registered Agent BLOUNT, JAMES T 810 WOODEN BLVD ORLANDO, FL 32805		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>James T. Blount</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> DATE: 8/23/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete NAME BLOUNT, JAMES T STREET ADDRESS 810 WOODEN BLVD CITY-ST-ZIP ORLANDO, FL 32805	TITLE D <input type="checkbox"/> Delete NAME SNOW, RAY STREET ADDRESS 2026 PRUITT ST CITY-ST-ZIP LEESBURG, FL 34748	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME June B Blount STREET ADDRESS 810 WOODEN BLVD CITY-ST-ZIP Orlando, FL 32805	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Terrell L. Blair STREET ADDRESS 4723 White Willow Ln CITY-ST-ZIP Orlando, FL 32808
TITLE D <input type="checkbox"/> Delete NAME CONNELLY, DARRYL E STREET ADDRESS 2136 WOODLAND BLVD CITY-ST-ZIP LEESBURG, FL 34748	TITLE D <input type="checkbox"/> Delete NAME CONEY, BETTYE S STREET ADDRESS P O BOX 491058 CITY-ST-ZIP LEESBURG, FL 347491058	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Aubrey J Brown STREET ADDRESS 2203 W. Gore Ave. CITY-ST-ZIP Orlando, FL 32805	
TITLE D <input type="checkbox"/> Delete NAME ADSIDE, DOROTHY STREET ADDRESS 115 E CLEVELAND ST CITY-ST-ZIP LEESBURG, FL 34748	TITLE D <input type="checkbox"/> Delete NAME COLEMAN, RALPH SR STREET ADDRESS 321 BENTBOUGH DR CITY-ST-ZIP LEESBURG, FL 34748		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>James T. Blount</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 8/23/07 DAYTIME PHONE #: (407) 298-9973	