


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 <i>810 WOODEN BLVD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Orlando, FL</i>	
Zip	Country	Zip <i>32805</i>	Country <i>Orange</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOUNT, JAMES T 810 WOODEN BLVD ORLANDO, FL 32805		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.			
SIGNATURE: <i>James T. Blount</i>		DATE: <i>8/23/07</i>	
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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JAMES T	NAME	
STREET ADDRESS	810 WOODEN BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNOW, RAY	NAME	<i>June B Blount</i>
STREET ADDRESS	2026 PRUITT ST	STREET ADDRESS	<i>810 WOODEN BLVD</i>
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	<i>Orlando, FL 32805</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, DARRYL E	NAME	
STREET ADDRESS	2136 WOODLAND BLVD	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONEY, BETTYE S	NAME	<i>Terrell L. Blair</i>
STREET ADDRESS	P O BOX 491058	STREET ADDRESS	<i>4723 White Willow Ln</i>
CITY-ST-ZIP	LEESBURG, FL 347491058	CITY-ST-ZIP	<i>Orlando, FL 32808</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ADSIDE, DOROTHY	NAME	
STREET ADDRESS	115 E CLEVELAND ST	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, RALPH SR	NAME	<i>Aubrey J Brown</i>
STREET ADDRESS	321 BENTBOUGH DR	STREET ADDRESS	<i>2203 W. Gore Ave.</i>
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	<i>Orlando, FL 32805</i>
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>		DATE: <i>8/23/07</i> (407) 298-9973	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	