2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010569

City-St-Zip:

Entity Name: EMPOWERING MINISTRIES INCORPORATED

FILED Mar 20, 2007 Secretary of State

,						
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
11523 WH TAMPA, F	IITE COTTAGI L 33625	E DRIVE	6018 N. CHURCH AVE. TAMPA, FL 33614			
Current M	lailing Addres	ss:	New Mailing Address:			
11523 WH TAMPA, F	IITE COTTAGI L 33625	E DRIVE				
FEI Number: 20-3768333 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	l Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
DIAZ, DES 11523 WH TAMPA, F	IITE COTTAGE					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	nic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D (PENA, CANDIC 6469 FAIRLAW SPRING HILL,	/N ST	Title: Name: Address: City-St-Zip:	T (ORTIZ, SAND 3348 ROSEF HOLIDAY, FL	FIELD DRIVE	
Title: Name: Address: City-St-Zip:	D (PENA, CANDIC 6469 FAIRLAW SPRINGHILL, F	/N STREET	Title: Name: Address: City-St-Zip:	BRILL, DAVID	SERVE LAKE DRIVE APT. # 203	
Title: Name: Address: City-St-Zip:	D (BABALONIA, E 6247 AMERICA TAMPA, FL 33	AS CUP AVE	Title: Name: Address: City-St-Zip:	CANCEL, ME	LE BRIDLE COURT APT. # 201	
Title: Name: Address: City-St-Zip:	T (ORTIZ, SANDR 3348 ROSEFIE HOLIDAY, FL	ELD DR	Title: Name: Address: City-St-Zip:	D (GAUTHIER, S 120 BAYOU V FRANKLIN, L	/IEW DRIVE	
Title: Name: Address:	() Delete	Title: Name: Address:	D (GAUTHIER, S		

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.

City-St-Zip:

FRANKLIN, LA 70538

SIGNATURE: SANDRA ORTIZ T 03/20/2007