

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010569

FILED
Jan 16, 2008
Secretary of State

Entity Name: EMPOWERING MINISTRIES INCORPORATED

Current Principal Place of Business:

6018 N. CHURCH AVE.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

11523 WHITE COTTAGE DRIVE
TAMPA, FL 33625

New Mailing Address:

15309 OTTO ROAD
TAMPA, FL 33624

FEI Number: 20-3768333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, DESERIE
11523 WHITE COTTAGE DRIVE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

RODRIGUEZ-DIAZ, DESERIE
15309 OTTO ROAD
TAMPA, FL 33624 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: DESERIE DIAZ -RODRIGUEZ

01/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ORTIZ, SANDRA
Address: 3348 ROSEFIELD DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: BRILL, DAVID
Address: 10710 PRESERVE LAKE DRIVE APT. # 203
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: CANCEL, MELISSA
Address: 12602 DOUBLE BRIDLE COURT APT. # 201
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: GAUTHIER, SIDNEY
Address: 120 BAYOU VIEW DRIVE
City-St-Zip: FRANKLIN, LA 70538

Title: D () Delete
Name: GAUTHIER, SHARON D
Address: 120 BAYOU VIEW DRIVE
City-St-Zip: FRANKLIN, LA 70538

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: SANDRA ORTIZ

OFFI

01/16/2008

Electronic Signature of Signing Officer or Director

Date