

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008932

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** EMPOWERMENT LEARNING CENTER, INC.

**Current Principal Place of Business:**

8930 W. STATE RD 84 # 170  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8930 W. STATE RD 84 # 170  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JONES, DARYL  
15820 SW 98 COURT  
MIAMI, FL 33157 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JAMES, SEBRINA  
Address: 8930 W. STATE RD 84 # 170  
City-St-Zip: DAVIE, FL 33324

Title: V  
Name: HAMILTON, PHYLLIS  
Address: 8033 NW 27 CT  
City-St-Zip: SUNRISE, FL 33322

Title: T  
Name: JONES, DARYL  
Address: 15820 SW 98 COURT  
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: SEBRINA JAMES

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date