

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004814

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: THE EMPOWERED FAMILY INC.

## Current Principal Place of Business:

202 STILLWATER ROAD NE  
WINTER HAVEN, FL 33881

## New Principal Place of Business:

## Current Mailing Address:

202 STILLWATER ROAD NE  
WINTER HAVEN, FL 33881

## New Mailing Address:

P.O. BOX 4632  
WINTER HAVEN, FL 33885

FEI Number: 39-1166760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEAL, PRISCILLA  
202 STILLWATER ROAD NE  
WINTER HAVEN, FL 33881 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: D ( ) Delete  
Name: NEAL, PRISCILLA  
Address: 202 STILLWATER ROAD NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: SRINIVASA, SHIRLEY  
Address: POST OFFICE BOX 10665  
City-St-Zip: ST. PETERSBURG, FL 33733

Title: D ( ) Delete  
Name: KEYTON-GAYLE, LINDEL  
Address: 687 BROADMORE CIR  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STAPLES, ANTRECIA  
Address: 3123 WOODHILL RD.  
City-St-Zip: WINTER HAVEN, FL 33881

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: PRISCILLA NEAL

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date