

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006266

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: C.F.C. EMPOWERMENT FOUNDATION, INC.

## Current Principal Place of Business:

3582 VICTORIA LAKES DR N  
JACKSONVILLE, FL 32226

## New Principal Place of Business:

## Current Mailing Address:

3582 VICTORIA LAKES DR N  
JACKSONVILLE, FL 32226

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

BARLOW, A. WELLINGTON ESQ  
1403 DUNN AVE SUITE 17  
JACKSONVILLE, FL 32218 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: JONES, ROMALOUS D  
Address: 3582 VICTORIA LAKES DR N  
City-St-Zip: JACKSONVILLE, FL 32226

Title: D ( ) Delete  
Name: BUSBY, RONALD L  
Address: 564 REDBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: FREEMAN, REGINA  
Address: 999 ASTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ANDREWS, ERIC  
Address: 2896 ALASAN WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: WHITE, CARL  
Address: 9009 WESTERN LAKE DRIVE #1301  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Delete  
Name: NEWBY, SAMUEL C  
Address: 5618 SILVERDALE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32209

## 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:

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: ROMALOUS D JONES

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date