

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006266

**FILED**  
**Apr 06, 2010**  
**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:** 37-1546208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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  
Name: JONES, ROMALOUS D  
Address: 3582 VICTORIA LAKES DR N  
City-St-Zip: JACKSONVILLE, FL 32226

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

Title: D  
Name: THOMAS, MICHAEL L  
Address: 13000 BROXTON BAY DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D  
Name: BRADFORD, ALICIA  
Address: 5062 DOSTIE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32209

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

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: ROMALOUS JONES SR.

D

04/06/2010

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

\_\_\_\_\_ Date