

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005280

FILED
May 18, 2009
Secretary of State

Entity Name: COMMUNITY EMPOWERMENT COUNCIL, INC.

Current Principal Place of Business:

207 AVENUE C
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

207 AVENUE C
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 26-2626741 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODS, DAVID JR.
102 LARAMIE CIR.
PANAMA CITY, FL 32404 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, DAVID JR.
Address: 102 LARAMIE CIR
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: PETERS, NATHAN
Address: 207 AVENUE C
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: ROGERS, AMY
Address: 207 AVENUE C
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: HAWKINS, JESSIE L
Address: 207 AVENUE C
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: WILLIAMS, WILLAMENA
Address: 207 AVENUE C
City-St-Zip: PORT ST. JOE, FL 32456

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: DAVID WOODS JR.

P

05/18/2009

Electronic Signature of Signing Officer or Director

Date