

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006524

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** EMPOWER MINISTRIES, INC.

**Current Principal Place of Business:**

41 SEMINOLE RD  
BABSON PARK, FL 33827 US

**New Principal Place of Business:**

**Current Mailing Address:**

41 SEMINOLE RD  
BABSON PARK, FL 33827 US

**New Mailing Address:**

**FEI Number:** 26-2960223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RESPRESS, KEVIN  
41 SEMINOLE RD  
BABSON PARK, FL 33827 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 D  
**Name:** RESPRESS, KEVIN  
**Address:** 41 SEMINOLE RD  
**City-St-Zip:** BABSON PARK, FL 33827 US

**Title:** S D  
**Name:** MAISENBACHER, RICHARD  
**Address:** 3391 KILMER DRIVE  
**City-St-Zip:** LAKELAND, FL 33803 US

**Title:** D  
**Name:** BATSON, ROBERT  
**Address:** 231 ACACIA WALK  
**City-St-Zip:** LAKE WALES, FL 33898 US

**Title:** TD  
**Name:** THOMPSON, LARRY K  
**Address:** 895 COUNTRY LAKE CIRCLE  
**City-St-Zip:** LAKE WALES, FL 33898 US

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:** KEVIN RESPRESS

PD

02/18/2011

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

\_\_\_\_\_  
Date