

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003129

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** PAUL'S PLACE EMPOWERMENT CENTER, INC.

**Current Principal Place of Business:**

1012 SOUTH PARK AVENUE  
APOPKA, FL 32702

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 901  
AOPOKA, FL 32704

**New Mailing Address:**

**FEI Number:** 27-1150127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRUNSON, BERNADETTE H  
3690 YOSEMITE DRIVE  
ORLANDO, FL 32818 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: MOSS, GERARD  
Address: 344 MAUDE HELEN RD  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: GILMORE, ELLA  
Address: 333 W ELLA GILMORE  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: MCGRAW, BERTHA  
Address: 220 WEST G.H. WASHINGTON STREET  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: KELLOM, H. LEWIS  
Address: 601 NORTH INDIGO ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: HOWARD, JERRY  
Address: 1236 SUGAR PINE ROAD  
City-St-Zip: APOPKA, FL 32703

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: BERNADETTE H. BRUNSON

S/RA

04/30/2010

Electronic Signature of Signing Officer or Director

Date