

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010705

FILED
Mar 24, 2012
Secretary of State

Entity Name: MAMA ROSE'S HOUSE OF EMPOWERMENT, INC.

Current Principal Place of Business:

109 WHEATFIELD CR
SANFORD, FL 32771

New Principal Place of Business:

4019 HELY CATE PLACE
KISSIMMEE, FL 34744

Current Mailing Address:

109 WHEATFIELD CR
SANFORD, FL 32771

New Mailing Address:

FEI Number: 45-3857496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINTVIL, ROSELINE
109 WHEATFIELD CR
SANFORD, FL 32771 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
Name: SAINTVIL, ROSELINE
Address: 109 WHEATFIELD CR
City-St-Zip: SANFORD, FL 32771

Title: D/O
Name: WILLINGHAM, WILLIAM
Address: 1322 SOUTH MELLONVILLE AVE
City-St-Zip: SANFORD, FL 32771

Title: D/V
Name: WALKER, HARLAN
Address: 3493 OAKNOLL POINT
City-St-Zip: LAKE MARY, FL 32746

Title: D/S
Name: WOODARD, JOE
Address: 2876 NORTH JULIET DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D/S
Name: WILLINGHAM, JASMINE
Address: 7112 CARDINAL COVE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: D/T
Name: FRANKLIN, JOSEPH M
Address: 16061 BRISTOL LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32828

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: ROSELINE SAINTVIL

P

03/24/2012

Electronic Signature of Signing Officer or Director

Date