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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003891 (8)

1. Corporation Name

EMPOWERMENT: AN ALTERNATIVE BUSINESS DEVELOPMENT  
PROGRAM, INC.

Principal Place of Business

1528 SOUTH TUTTLE AVENUE  
SARASOTA FL 34239

Mailing Address

1528 SOUTH TUTTLE AVENUE  
SARASOTA FL 34239-2607

3. Date Incorporated or Qualified  
08/03/1994

3a. Date of Last Report  
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0510495

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JANSEN, SHARI S  
1648 MAIN STREET  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME MCNABB, SUE  
STREET ADDRESS 1528 SOUTH TUTTLE AVENUE  
CITY-ST-ZIP SARASOTA FL 34239 ☐ DELETE

TITLE DS  
NAME JANSEN, SHARI S  
STREET ADDRESS PO BOX 49974 N/A  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE D  
NAME PERKINS, KIMBERLY  
STREET ADDRESS 4000 S TAMiami TRAIL  
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

TITLE D  
NAME DUMONT, SANDY  
STREET ADDRESS 3888 WOLVERINE ST.  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE DT  
NAME SILVERMAN, LEE  
STREET ADDRESS 1006 24TH STREET  
CITY-ST-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE D  
NAME DRISCOLL, CARYN  
STREET ADDRESS 945 BEN FRANKLIN DR.  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sue McNabb, Chairman

2/6/97

Date

Daytime Phone # 0063500

CR2E037 (9/96)