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Jul 14 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 # N96000006220 (5)

1. Corporation Name

EMPOWERMENT, INC.

Principal Place of Business

3216 WALLINGTON DRIVE
ORLANDO FL 32810

Mailing Address

3216 WALLINGTON DRIVE
ORLANDO FL 32810-4320



3. Date Incorporated or Qualified
12/05/1996

3a. Date of Last Report
1st report

2. Principal Place of Business

21 same as above

2a. Mailing Address

26 P. O. Box 607513

4. FEI Number

59-3416290

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

XX \$8.75 Additional
Fee Required

23 City & State

27 City & State

28 Orlando, FL 32860-7513

6. Election Campaign Financing
Trust Fund Contribution

XX \$5.00 May Be
Added to Fees

24 Zip

Country

25 Zip

29 32860-7513

Country

30 Orange

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

XX Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNSEND, DAISEY
3216 WALLINGTON DRIVE
ORLANDO FL 32810

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 hereby accepting appointment under Section 617.0503, Florida Statutes.

SIGNATURE Daisey Townsend, Vice President/Registered Agent

May 1, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE (P) PRESIDENT P ☐ Change ☐ Addition
1.2 NAME Wonderful T. Monds, Sr. (T)
1.3 STREET ADDRESS 3216 Wallington Drive
1.4 CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE (V/D) VICE PRESIDENT V/D ☐ Change ☐ Addition
2.2 NAME Daisey T. Townsend (D)
2.3 STREET ADDRESS 3216 Wallington Drive
2.4 CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V/D Registered Agent V/D ☐ Change ☐ Addition
3.2 NAME Daisey T. Townsend (D)
3.3 STREET ADDRESS 3216 Wallington Drive
3.4 CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE S/T Vinnessa Townsend S/T ☐ Change XX Addition
4.2 NAME Secretary/Treasurer (T)
4.3 STREET ADDRESS 3216 Wallington Dr.
4.4 CITY-ST-ZIP Orlando, FL 32810

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

CR2E037 (9/96)