

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002227

1. Entity Name

THE COMMUNITY EMPOWERMENT PROJECT, INC.

Principal Place of Business

230 N. LAKELAND AVE.
ORLANDO FL 32805

Mailing Address

230 N. LAKELAND AVE.
ORLANDO FL 32805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3504711

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELZER, LAWANNA
230 N. LAKELAND AVE.
ORLANDO FL 32805

Name

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

City

FL

Zip Code

8. 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.

500003991425--9

-04/11/01--01039--001

323.75 **70.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GELZER, BETTY
STREET ADDRESS 825 W. WASHINGTON ST.
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE PD & CEO
NAME Betty Gelzer
STREET ADDRESS 825 W. Washington St.
CITY-ST-ZIP Orlando, FL 32805 ☒ Change ☐ Addition

TITLE VPD
NAME LEWIS, ROZ
STREET ADDRESS 4626 OAK HAVEN DR. #308
CITY-ST-ZIP ORLANDO FL 32839 ☒ Delete

TITLE C
NAME Beatrice Williams
STREET ADDRESS 811 Hills Street
CITY-ST-ZIP Orlando, FL 32805 ☐ Change ☒ Addition

TITLE SD
NAME COLLINS, SHARICKA
STREET ADDRESS 809 FEDERAL STREET
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

TITLE VPD
NAME Dottie Hewitt
STREET ADDRESS 3400 Dr. Love Road
CITY-ST-ZIP Orlando, FL 32810-3616 ☐ Change ☒ Addition

TITLE TD
NAME GELZER, SHEILA
STREET ADDRESS 815 HILLS ALLEY
CITY-ST-ZIP ORLANDO FL 32805 ☒ Delete

TITLE SD
NAME Sharicka Collins
STREET ADDRESS 809 Federal Street
CITY-ST-ZIP Orlando, FL 32805 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME Helen Britt
STREET ADDRESS 1038 W. Jefferson Apt. 14
CITY-ST-ZIP Orlando, FL 32805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Gelzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 11 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

01-31

CR2E037 (10/00)