

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002227

1. Entity Name

THE COMMUNITY EMPOWERMENT PROJECT, INC.

FILED

02 SEP 16 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1400 WEST COLONIAL DRIVE  
ORLANDO FL 32804

Mailing Address  
1400 WEST COLONIAL DRIVE  
ORLANDO FL 32804

2. Principal Place of Business  
1310 W. Colonial Dr.

3. Mailing Address  
230 N. Lakeland Ave.

Suite, Apt. #, etc.  
Suite 19

Suite, Apt. #, etc.

City & State  
Orlando, FL 32804

City & State  
Orlando, FL 32805

Zip  
32804

Country  
Orange

Zip  
32805

Country  
Orange

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/DCE  
GELZER, BETTY  
825 W. WASHINGTON ST.  
ORLANDO FL 32805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D/CEO  
Gelzer, Lawanna  
230 N. Lakeland Ave.  
Orlando, FL 32805 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
WILLIAMS, BEATRICE  
811 HILLS STREET  
ORLANDO FL 32805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/D  
Gelzer, Betty  
825 W. Washington Street  
Orlando, FL 32805 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
HEWITT, DOTTIE  
3400 DR. LOVE ROAD  
ORLANDO FL 32810-3616 ☐ Delete

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BRITT, HELEN  
1038 W. JEFFERSON APT. 14  
ORLANDO FL 32805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
000007764680--0  
-09/16/02--01036--001  
\*\*\*\*\*280.00 \*\*\*\*\*70.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

SIGNATURE REQUIRED

Lawanna Gelzer

9/14/02

(407)

999-9070

CR2E037 (9/01)