

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002227

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE COMMUNITY EMPOWERMENT PROJECT, INC.

Current Principal Place of Business:

1310 W. COLONIAL DRIVE
SUITE 19
ORLANDO, FL 32804

New Principal Place of Business:

1310 W. COLONIAL DRIVE
SUITE 28
ORLANDO, FL 32804

Current Mailing Address:

7674 ST STEPHENS CT
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3504711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELZER, LAWANNA
7674 ST STEPHENS CT
ORLANDO, FL 32805 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: PDCE () Delete
Name: GELZER, BETTY
Address: 825 W. WASHINGTON ST.
City-St-Zip: ORLANDO, FL 32805

Title: CD () Delete
Name: WILLIAMS, BEATRICE
Address: 811 HILLS STREET
City-St-Zip: ORLANDO, FL 32805

Title: TD () Delete
Name: BRITT, HELEN
Address: 1038 W. JEFFERSON APT. 14
City-St-Zip: ORLANDO, FL 32805

Title: PCEO () Delete
Name: GELZER, LAWANNA
Address: 230 N. LAKE LAND AVE.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LAWANNA GELZER

PCEO

04/28/2004

Electronic Signature of Signing Officer or Director

Date