

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90051 027 \*\*\*\*61.25

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**DOCUMENT # N98000006973**

1. Corporation Name

**THE EMPOWERMENT CENTER, INC.**

Principal Place of Business

1855 NORTHEAST 121 STREET  
UNIT #2  
NORTH MIAMI FL 33181

Mailing Address

1855 NORTHEAST 121 STREET  
UNIT #2  
NORTH MIAMI FL 33181



2. Principal Place of Business

21 560 NE 129 ST

Suite, Apt. #, etc.

22 n.mia, Fla.

City & State

23 33161

Zip

Country

25 DADE

2a. Mailing Address

26 560 NE 129 ST

Suite, Apt. #, etc.

27 n.mia Fla.

City & State

28 33161

Zip

Country

29 33161 30 DADE

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

65-0881391

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

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 PD ☐ DELETE  
NAME HIGGS, BARBARA J  
STREET ADDRESS 1855 NORTHEAST 121 STREET  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE SVD ☐ DELETE  
NAME BRIGHAM, GLADYS  
STREET ADDRESS 1855 NORTHEAST 121 STREET  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE TD ☐ DELETE  
NAME NICKSON, RAMONA  
STREET ADDRESS 1855 NORTHEAST 121 STREET  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 31, 1999

Daytime Phone #

305-895-9691

CR2E037 (11/98)