2000 UNIFORM BUSINESS REPORT (UBR)

changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FILED DOCUMENT # N99000002213 A Sep 18, 2000 8:00 am 1. Entity Name Secretary of State COMMUNITY EMPOWERMENT ENTERPRISE, INC. 09-18-2000 90029 050 ****70.00 Mailing Address Principal Place of Business 1603 WEST 17TH STREET 1603 WEST 17TH STREET SANFORD FL 32771-3289 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, VELMA H 1791 WEST 18TH STREET SANFORD FL 32771 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change | ☐ Addition TITLE TITLE residero WILLIAMS, EDGAR NAME NAME STREET ADDRESS STREET ADDRESS 1605 WEST 17TH STREE CITY-ST-7IP CITY-ST-ZIP SANFORD FL 32771 Gaines, SANDRA (T) ettange ☐ Addition ☐ Delete TITLE 1119 HICKORY AUE. PICKNEY, BEVERLY NAME STREET ADDRESS STREET ADDRESS 1506 WEST 18TH STREET CITY-ST-ZIF CITY-ST-ZIP SANFORD FL 32771 Z enange --Addition Delete n TITLE. NAME WYNN, BETTY NAME STREET ADDRESS STREET ADDRESS 120 CASTLE BREWER COURT CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Addition TITLE ☐ Delete TITLE NAME **EUDELL, JANNIE** NAME STREET ADDRESS 907 HOLLY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 eath; 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