

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005690

**Entity Name:** EMPOWERMENT CHURCH OF PENSACOLA, INC.

**Current Principal Place of Business:**

407 WEST MICHIGAN AVENUE  
PENSACOLA, FL 32505

**Current Mailing Address:**

407 WEST MICHIGAN AVENUE  
PENSACOLA, FL 32505 US

**FEI Number:** 90-0588239

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

THOMPSON, BRIAN  
6356 APPLE RIDGE DRIVE  
BELLVIEW, FL 32526 US

*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

**Officer/Director Detail :**

Title PD  
Name THOMPSON, BRIAN  
Address 6356 APPLE RIDGE DRIVE  
City-State-Zip: BELLVIEW FL 32526

Title M  
Name BROWN, GROVER  
Address 801 WEST DESOTA STREET  
City-State-Zip: PENSACOLA FL 32501

Title M  
Name NIXON, SHARON F  
Address 7117 WEST LLOYD STREET  
City-State-Zip: PENSACOLA FL 32501

Title TD  
Name NIXON, SARAH  
Address 4518 ST. NAZAIRE ROAD  
City-State-Zip: PENSACOLA FL 32505

Title M  
Name THOMPSON, LINDSEY  
Address 1820 CONDOR DRIVE  
City-State-Zip: CANTONMENT FL 32533

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHARON NIXON

**ADMINISTRATIVE  
SECRETARY**

**06/23/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date