

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005690

FILED
Mar 19, 2018
Secretary of State
CC5241704364

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
407 W. MICHIGAN AVENUE
PENSACOLA, FL 32505 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 5815 ST. BENEDICT AVENUE
City-State-Zip: PENSACOLA FL 32503

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

Title M
Name OUTING, SALLIE
Address 1282 BOLIVIA STREET
City-State-Zip: PENSACOLA FL 32534

Title D
Name THOMPSON, GWEN
Address 5815 ST. BENEDICT AVENUE
City-State-Zip: PENSACOLA FL 32503

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

Title M
Name PRESIDENT, LYDIA
Address 2963 CREOLE WAY
City-State-Zip: PENSACOLA FL 32526

Title M
Name PRESIDENT, BRUCE
Address 2963 CREOLE WAY
City-State-Zip: PENSACOLA FL 32526

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: GWENDOLYN THOMPSON

**DIRECTOR OF
MINISTRIES**

03/19/2018

Electronic Signature of Signing Officer/Director Detail

Date