

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005872

Entity Name: EMPOWERMENT COMMUNITY CONNECTIONS, INC.

Current Principal Place of Business:

603 AVENUE T NORTHEAST
WINTER HAVEN, FL 33881

Current Mailing Address:

POST OFFICE BOX 4274
WINTER HAVEN, FL 33813

FEI Number: 45-5480001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, JAMES EJR.
529 NORTHRIDE TRAIL
LAKELAND, FL 33813 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 LEWIS, JAMES EJR.
Address 529 NORTHRIDE TRAIL
City-State-Zip: LAKELAND FL 33813

Title VD
Name WARD, WAYNE
Address 2508 S. GOLFFVIEW DRIVE
City-State-Zip: PLANT CITY FL 33566

Title TD
Name HENRY, SARAH
Address 617 N. WALES DRIVE
City-State-Zip: LAKE WALES FL 33853

Title DIRECTOR
Name NEWTON, TRENTON
Address 7990 BAYMEADOWS ROAD EAST
1902
City-State-Zip: JACKSONVILLE FL 32256

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: JAMES LEWIS JR

PRESIDENT

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date