

**2015 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	Title	D
Name	LEWIS, JAMES EJR.	Name	THOMPSON, JOHN
Address	529 NORTHRIDE TRAIL	Address	POST OFFICE BOX 91921
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33804-1921
Title	VD	Title	TD
Name	WARD, WAYNE	Name	HENRY, SARAH
Address	2508 S. GOLFFVIEW DRIVE	Address	617 N. WALES DRIVE
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	LAKE WALES FL 33853

*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**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date