

**2013 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 D  
Name THOMPSON, JOHN  
Address POST OFFICE BOX 91921  
City-State-Zip: LAKELAND FL 33804-1921

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

*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 E. LEWIS, JR.**

**PRESIDENT**

**04/30/2013**

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

\_\_\_\_\_  
Date