

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004474

**Entity Name:** THE NIA EMPOWERMENT GROUP, INC.

**Current Principal Place of Business:**

927 BEVILLE ROAD  
TWIN FOUNTAINS PROFESSIONAL CENTER SUITE101  
SOUTH DAYTONA, FL 32119

**Current Mailing Address:**

927 BEVILLE ROAD  
SUITE 101  
SOUTH DAYTONA , FL 32119 US

**FEI Number:** 46-2924521

**Certificate of Status Desired:** Yes

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

GRIMES, HUBERT L. ATTORNEY  
927 BEVILLE ROAD,  
SUITE101  
SOUTH DAYTONA, FL 32119 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:** HUBERT L. GRIMES, ESQUIRE

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCKINNEY, TIFFANY L.  
Address 4 KAISER COURT  
City-State-Zip: PALM COAST FL 32164

Title STD  
Name BYNES, TAMILA  
Address 130 OLD MILL RUN  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name MOLE, JACKIE  
Address 6068 RED STAGG DR  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name GRIMES , HUBERT L  
Address 927 BEVILLE ROAD  
SUITE 101  
City-State-Zip: SOUTH DAYTONA FL 32119

Title PRESIDENT  
Name GRIMES, DAISY TAYLOR  
Address 927 BEVILLE ROAD  
SUITE 101  
City-State-Zip: SOUTH DAYTONA FL 32119

*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:** HUBERT L GRIMES

**DIRECTOR**

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date