

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002278

**Entity Name:** EMPOWERMENT CHRISTIAN MINISTRIES, INC.

**Current Principal Place of Business:**

5928 GILLIAM ROAD  
ORLANDO, FL 32818

**Current Mailing Address:**

PO BOX 457  
OCOEE, FL 34761

**FEI Number:** 47-3382660

**Certificate of Status Desired:** No

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

BUTLER, MARK  
2826 SILKWOOD CIRCLE APT 113  
ORLANDO, FL 32818 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 D  
Name BUTLER, MARK  
Address 2826 SILKWOOD CIRCLE APT 113  
City-State-Zip: ORLANDO FL 32818

Title D  
Name BUTLER, JANELLA  
Address 2826 SILKWOOD CIRCLE APT 113  
City-State-Zip: ORLANDO FL 32818

Title D  
Name MURPHY, FRANK  
Address 2804 WYNDHAM LANE  
City-State-Zip: ORLANDO FL 32818

Title D  
Name RASHFORD, MICHAEL  
Address 7103 BLAIR DRIVE  
City-State-Zip: ORLANDO FL 32818

*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:** MARKABUTLER

**PASTOR**

**03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date