

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002950

Entity Name: EMPOWERMENT CHRISTIAN CENTER, INCORPORATED

Current Principal Place of Business:

306 NORTH DEVILLIERS STREET
PENSACOLA, FL 32501

Current Mailing Address:

1001 NORTH C STREET
PENSACOLA, FL 32501

FEI Number: 47-3962291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYNDER, LAWRENCE H DR.
1001 NORTH C STREET
PENSACOLA, FL 32501 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: DR. LAWRENCE H. WYNDER

08/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, FOUNDER AND SENIOR PASTOR
Name WYNDER, LAWRENCE HERBERT DR.
Address 1001 NORTH C STREET
City-State-Zip: PENSACOLA FL 32501

Title COO, CO-PASTOR
Name WYNDER, SHERNITA R
Address 1001 NORTH C STREET
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR
Name BYRD, REGINALD
Address 4412 GUERLAIN WAY
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR, ELDER
Name WIGGINS, PERRY
Address 785 COUNTY ROAD42
City-State-Zip: PETERMAN AL 36471

Title DIRECTOR
Name SCOTT, OZIE
Address 1412 ST. JOSEPH STREET
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR
Name WILLIAMS, MARY
Address P.O BOX 30643
City-State-Zip: PENSACOLA FL 32503

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: DR. LAWRENCE H. WYNDER

PASTOR

08/30/2017

Electronic Signature of Signing Officer/Director Detail

Date