

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006136

Entity Name: EBENEZER WILLIAMS EMPOWERMENT PROJECT INC

Current Principal Place of Business:

5865 SW 23 STREET
WEST PARK, FL 33023

Current Mailing Address:

5865 SW 23 STREET
WEST PARK, FL 33023 US

FEI Number: 47-4285588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALOBA, OSARO
8510 SW 11TH STREET
PEMBROKE PINES, FL 33024 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 P
Name ALOBA, OSARO
Address 8510 SW 11TH STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title VP
Name ALOBA, DORIS
Address 8510 SW 11TH STREET
City-State-Zip: PEMBROKE PINES FL 33024

Title COOR
Name WILLIAMS, VIRGIL
Address 5460 NW 179 TERRACE
City-State-Zip: MIAMI GARDENS FL 33055

Title TREA
Name SMITH, CHIKEILA
Address 725 NE 178 TERRACE
City-State-Zip: MIAMI FL 33162

Title DIR
Name NICOL, MICHAEL
Address 6640 EMERALD LAKE DRIVE
City-State-Zip: MIRAMAR FL 33023

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: OSARO ALOBA

PRESIDENT

04/16/2019

Electronic Signature of Signing Officer/Director Detail

Date