

**2017 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**

**P**

**04/28/2017**

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

\_\_\_\_\_  
Date