

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000012567

Entity Name: EMPOWERED GIRLS INC.**Current Principal Place of Business:**7775 NEWLAN DRIVE
ORLANDO, FL 32818**Current Mailing Address:**P.O. BOX 681102
ORLANDO, FL 32868-1102 US**FEI Number:** 83-2591882**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEWIS, FELICIA R
7775 NEWLAN DRIVE
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	C
Name	LEWIS, FELICIA R
Address	7775 NEWLAN DRIVE
City-State-Zip:	ORLANDO FL 32818

Title	VC
Name	LEWIS, TIFFANI R
Address	P.O. BOX 681102
City-State-Zip:	ORLANDO FL 32868-1102

Title	ASST. TREASURER
Name	LEWIS, ROSA
Address	P.O. BOX 681102
City-State-Zip:	ORLANDO FL 32868-1102

Title	SECRETARY
Name	ARRINGTON, SHANTELLE S
Address	P.O. BOX 681102
City-State-Zip:	ORLANDO FL 32868-1102

Title	TREASURER
Name	DOMINIQUE, TAINA
Address	P.O. BOX 681102
City-State-Zip:	ORLANDO FL 32868-1102

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: FELICIA R LEWIS**PRESIDENT****04/29/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date