


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90313 004 \*\*\*\*61.25

<b>DOCUMENT # N06507</b>			
1. Entity Name <b>NEW ANOINTING INTERNATIONAL MINISTRIES, INC.</b>			
Principal Place of Business <b>9833 SIBBALD ROAD JACKSONVILLE FL 32208</b>		Mailing Address <b>9833 SIBBALD ROAD JACKSONVILLE FL 32208</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>52-1374947</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WADE, ARTHUR E. REV. 838 TAMMY COVE LANE JACKSONVILLE FL 32218</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, ARTHUR E. 838 TAMMY COVE LANE JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULINE W WADE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 838 Tammy Cove Lane Jacksonville Fla 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLSON, EMILY S. 1854 S. 24TG STREET JACKSONVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Karen WADE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11766 Chestnut Oak Dr E Jacksonville Fla 32218-7658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, MARTHA ROSE 12692 SAMPSON RD JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emily S. Nicholson <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1854 S 24TG street Jacksonville Fla. 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHODES, JERRY 11350 HARTS RD JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMPY, PAULINE 729 MACKINAW ST. JACKSONVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, MARILYN B. 1481 W. UNION STREET JACKSONVILLE FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Arthur E. Wade* **ARTHUR E WADE** 4/17/05 904 757-4277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #