

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000067

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** ANOINTED ONE OUTREACH CENTER INC.

**Current Principal Place of Business:**

4591 NW 19TH ST  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

2804 NW 55 AVE  
LAUDERHILL, FL 33313

**Current Mailing Address:**

P.O BOX # 100555  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 45-0585318      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RILEY, PATRICIA A  
4391 NW 19TH ST  
LAUDERHILL, FL 33313      US

**Name and Address of New Registered Agent:**

RILEY, PATRICIA A  
2804 NW 55 AVE  
LAUDERHILL, FL 33313      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: PATRICIA RILEY

04/13/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RILEY, PATRICIA A  
Address: 2804 NW 55 AVE  
City-St-Zip: LAUDERHILL, FL 33313

Title: S  
Name: WILLIAMS, HELENA E  
Address: 5025 NW 36TH ST BLDG H#104  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T  
Name: HERLINE, PIERRE  
Address: 5840 W SAMPLE RD  
City-St-Zip: CORAL SPRING, FL 33067

Title: CHP  
Name: YEWANDE, SODE S  
Address: 15772 NW 7TH AVE #C  
City-St-Zip: MIAMI, FL 33169

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: PATRICIA RILEY

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date