

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002549

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** ANOINTED WORD FELLOWSHIP, INC

**Current Principal Place of Business:**

718 BAY VISTA BLVD SOUTH  
ST. PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 35128  
ST. PETERSBURG, FL 33705 US

**New Mailing Address:**

**FEI Number:** 45-0623216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCREE, DEXTER L PASTOR  
718 BAY VISTA BLVD SOUTH  
ST. PETERSBURG, FL 33705 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WALKER, MICHAEL  
**Address:** 2465 - 16TH AVENUE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33712 US

**Title:** VP  
**Name:** JONES-MCCREE, WANDA D  
**Address:** 718 BAY VISTA BLVD SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33705 US

**Title:** DIR  
**Name:** JONES, SHERMAN III  
**Address:** 8980 S.W. 122ND PLACE  
**City-St-Zip:** MIAMI, FL 33186 US

**Title:** DIR  
**Name:** DAVIS, CLARENCE BISHOP  
**Address:** 1801 ANASTASIA WAY SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33712 US

**Title:** DIR  
**Name:** WILSON, AUDREY  
**Address:** 1851 62ND PLACE SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33712 US

**Title:** DIR  
**Name:** MCCREE, DEXTER L  
**Address:** 718 BAY VISTA BLVD SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33705

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:** WANDA JONES-MCCREE

VP

04/26/2012

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

\_\_\_\_\_  
Date