## 2006 NOT-FOR-PROFIT CORPORATION

MENCHION, ROSE M

BRANDON, FL 33510

1208 BARONWOOD PL

STREET ADDRESS

CITY-ST-ZIP

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

## FILED ANNUAL REPORT Apr 19, 2006 08:00 AN Secretary of State DOCUMENT # N98000006981 1. Entity Name WORD IN ACTION ANOINTED MINISTRY INC. Principal Place of Business . Mailing Address 4031 PADDLEWHEEL DRIVE 4031 PADDLEWHEEL DRIVE BRANDON, FL 33511 BRANDON, FL 33511 04102006. No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3557638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OGUNTEBI, FEHINTOLA DO NOT WRITE 109 N ARMENIA AVE TAMPA, FL 33609 IN THIS SPACE 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 Elle if applicable THOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U000000519557 \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution: Added to Fees 05/02/06-80059-004 70.00 Due by May 1, 2006 10. OFFICERS AND DIRECTORS HILE NAME NEWBERRY, MARVIN J STREET ADDRESS 4031 PADDLEWHEEL DR CHY-ST-ZIP BRANDON, FL 33511 TITLE NAME NEWBERRY, GLENDA J STREET ADDRESS 4031 PADDLEWHEEL DR CHTY-ST-ZIP BRANDON, FL 33511 DILE NAME MENCHION, HOWARD J STREET ADDRESS 1208 BARONWOOD PL DO NOT WRITE CITY-ST-ZIP BRANDON, FL 33510 THE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:	Man Cy, Newfor	V MARYZN	J. Newberry	4/11/06	(813) 654-4832
	SIGNATURE AND TYPED OR PRINTED NAME OF	GNING OFFICER OR DIRECTOR	, ,	Date	-Daylime Phone #