

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006981
 1. Entity Name
WORD IN ACTION ANOINTED MINISTRY INC.



Principal Place of Business
**4031 PADDLEWHEEL DRIVE
 BRANDON, FL 33511**

Mailing Address
**4031 PADDLEWHEEL DRIVE
 BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3557638

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**OGUNTEBI, FEHINTOLA
 109 N ARMENIA AVE
 TAMPA, FL 33609**

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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

**Filing Fee is \$81.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000665445
 03/23/07-80029-016 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NEWBERRY, MARVIN J 4031 PADDLEWHEEL DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERRY, GLENDA J 4031 PADDLEWHEEL DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, HOWARD J 1208 BARONWOOD PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, ROSE M 1208 BARONWOOD PL BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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: Marvin J. Newberry **MARVEN J. NEWBERAY** 3/9/07 (813) 829-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #