


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90059 010 \*\*\*\*70.00

<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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WADE, ARTHUR E. REV. 838 TAMMY COVE LANE JACKSONVILLE, FL 32218</b>				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 <u><i>Arthur Wade</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, ARTHUR E.</b>			NAME	
STREET ADDRESS	<b>838 TAMMY COVE LANE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLSON, EMILY S.</b>			NAME	
STREET ADDRESS	<b>1854 S. 24TH STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, MARTHA ROSE</b>			NAME	
STREET ADDRESS	<b>12692 SAMPSON RD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKENZY, LEONARD</b>			NAME	<b>T Rhodes, Jerry</b>
STREET ADDRESS	<b>9105 TYLER AVE.</b>			STREET ADDRESS	<b>11350 Harts Rd.</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>			CITY-ST-ZIP	<b>Jacksonville, FL 32218</b>
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMPY, PAULINE</b>			NAME	
STREET ADDRESS	<b>729 MACKINAW ST.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILES, MARILYN B.</b>			NAME	
STREET ADDRESS	<b>1481 W. UNION STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32209</b>			CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <u><i>Arthur Wade</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3-14-04 (904) 757-4277 <small>Date Daytime Phone #</small>	