2000 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 721040** 1. Entity Name ANOINTING CHRISTIAN FELLOWSHIP, INC. 01-28-2000 90164 003 ****70.00 Principal Place of Business Mailing Address 2108 EAST IDA STREET 2108 EAST IDA STREET TAMPA FLA 33610-7533 TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3280340 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAWSON, JAMES E 19216 RIDGELAKE DRIVE **LUTZ FL 33549** Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME DAWSON, JAMES E NAME STREET ADDRESS STREET ADDRESS 19216 RIDGELAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP LUTZ FL ☐ Addition Change TITI F TITLE Delete NAME WILLIAMS, COLLER -- - 1 NAME STREET ADDRESS STREET ADDRESS 10002 KATIE COURT CITY-ST-ZIP CITY-ST-ZIP Tampa FL ☐ Addition Change ☐ Delete TITLE JACKSON, JOYCE NAME STREET ADDRESS STREET ADDRESS 2204 E. 132ND AVE., APT-H CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME LILLIE. EMMA STREET ADDRESS STREET ADDRESS 2223 E IDA STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Change ☐ Addition TITLE NAME JONES, BARBARA J NAME STREET ADDRESS STREET ADDRESS 2506 E. LAKE APT. 486 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: : CITY-ST-ZIP 節令 医性原门

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.

SIGNATURE: SIGNATURE AND TYPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2000

8/3-948-0029