


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90044 003 ****61.25

DOCUMENT # 721040	
1. Entity Name ANOINTING CHRISTIAN FELLOWSHIP, INC.	

Principal Place of Business 2108 EAST IDA STREET TAMPA FL 33610	Mailing Address 2108 EAST IDA STREET TAMPA FL 33610
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



2nd MOORE CR2E037 (5/05)

4. FEI Number 59-3280340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAWSON, JAMES E 19216 RIDGELAKE DRIVE LUTZ FL 33549	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. PD OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP DAWSON, JAMES E 19216 RIDGELAKE DRIVE LUTZ FL D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP WILLIAMS, COLLIER 10705 PRESERVE LAKE DRIVE TAMPA FL 33626 S <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 12101 N Dale Mabry Hwy APT 1110 Tampa, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP JACKSON, JOYCE 10906 N HYACINTH AVE TAMPA FL 33612 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP LILLIE, EMMA 2223 E IDA STREET TAMPA FL S <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP JONES, BARBARA J 911 EAST 24TH STREET TAMPA FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James E. Dawson 8/2/05