


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 024 ****61.25

40014103

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-3280340				Applied For <input type="checkbox"/> 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 <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, JAMES E <input type="checkbox"/> Delete 19216 RIDGELAKE DRIVE LUTZ, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, COLLER <input type="checkbox"/> Delete 12101 N DALE MABRY HWY, APT 1110 TAMPA, FL 33618				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, JOYCE <input type="checkbox"/> Delete 10906 N HYACINTH AVE TAMPA, FL 33612				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLIE, EMMA <input type="checkbox"/> Delete 2223 E IDA STREET TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, BARBARA J <input type="checkbox"/> Delete 911 EAST 24TH STREET TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 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: <u>Pastor James E. Dawson</u> <u>2/9/06</u> <u>813-2384093</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					