


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90066 041 ****70.00

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 - No P.O. Box #		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, JAMES E 19216 RIDGELAKE DRIVE LUTZ, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE (T) TERRA N. DAWSON 1907 E. CLINTON ST. TAMPA, FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, COLLIER 12101 N DALE MABRY HWY, APT 1110 TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, JOYCE 10906 N HYACINTH AVE TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLIE, EMMA 2223 E IDA STREET TAMPA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, BARBARA J 911 EAST 24TH STREET TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>James E. Dawson</u> JAMES E. DAWSON 1/17/08 813-948-0029 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					