

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State
 05-30-2001 90033 040 ****61.25

DOCUMENT # **N000000000291**

1. Entity Name

The Anointed Church of World Wide Ministries, Incorporated

Principal Place of Business

Mailing Address

**824 SE 6 Ave
 Gainesville Fla 32601**

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0072211

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Shirley Murray
 824 SE 6 Ave
 Gainesville Fla 32602**

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.

SIGNATURE

Shirley Murray

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust-Fund Contribution ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shirley Murray <input type="checkbox"/> Delete 824 SE 6 Ave Gainesville Fla 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Eugene Mobley <input type="checkbox"/> Delete 917 SE 60th Terr Gainesville Fla 32
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorenzo Murray <input type="checkbox"/> Delete 524 SE 6 Ave Gainesville Fla 326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loretta Murray <input type="checkbox"/> Delete 1900 SE 4th St Gainesville 326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lusender Murray <input type="checkbox"/> Delete 824 SE 6 Ave Gainesville Fla 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary Comer <input type="checkbox"/> Delete 13613 SE 8th Ter Micanopy Fla 32657

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (11/00)

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:

Shirley Murray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/001
 Date

Daytime Phone #