

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90030 041 ****75.00

DOCUMENT # N0100000844		
1. Entity Name ANOINTED CHURCH OF THE LIVING GOD, INC.		
Principal Place of Business 6833 CORALBERRY LANE S JACKSONVILLE FL 32244		Mailing Address P O BOX 2295 ORANGE PARK FL 32067
2. Principal Place of Business 707 Kirk Street		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Green Cove Springs, Fla.		City & State
Zip 32043	Country United States	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3734555		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent DUNHAM, PERRY 6833 CORALBERRY LANE S JACKSONVILLE FL 32244		7. Name and Address of New Registered Agent Name: PERRY, Dunham Street Address (P.O. Box Number is Not Acceptable): 707 KIRK ST. City: Green Cove Springs FL Zip Code: 32043	
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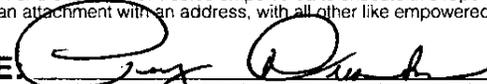
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DUNHAM, PERRY 5520 COLLINS ROAD APT 907 JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perry Dunham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 707 Kirk Street Green Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANTON, DOUGLAS 7710 ARBIE DRIVE JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony STANTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Beet Rd. Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANTON, ANTHONY 1837 SEGRAVE STREET, #19 SOUTH DAYTONA FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Patricia Stanton <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1000 Beet Rd. Jacksonville, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANTON, LYVONNE 7710 ABBIE DRIVE JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Louise Wallace <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1000 Beet Rd. Jacksonville Fla. 32211
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
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  DATE 2-25-04 DAYTIME PHONE # (904) 631-6820