


# 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

<b>DOCUMENT # N01000000844</b>			
1. Entity Name <b>ANOINTED CHURCH OF THE LIVING GOD, INC.</b>			
Principal Place of Business <b>6833 CORALBERRY LANE S JACKSONVILLE FL 32244</b>		Mailing Address <b>P O BOX 2295 ORANGE PARK FL 32067</b>	
2. Principal Place of Business <b>707 Kirk Street</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Green Cove Springs, Fla.</b>		City & State	
Zip <b>32043</b>	Country <b>United States</b>	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DUNHAM, PERRY 6833 CORALBERRY LANE S JACKSONVILLE FL 32244</b>		7. Name and Address of New Registered Agent Name <b>Perry Dunham</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 Kirk St.</b> City <b>Green Cove Springs FL</b> Zip Code <b>32043</b>	
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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. ☒ **\$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	<b>PVST DUNHAM, PERRY 5520 COLLINS ROAD APT 907 JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Perry Dunham</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>707 Kirk Street Green Cove Springs, FL 32043</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STANTON, DOUGLAS 7710 ARBIE DRIVE JACKSONVILLE FL 32211</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Anthony STANTON 1000 Beet Rd. Jacksonville, FL 32211</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STANTON, ANTHONY 1837 SEGRAVE STREET, #19 SOUTH DAYTONA FL 32119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Patricia Stanton 1000 Beet Rd. Jacksonville, FL 32211</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STANTON, LYVONNE 7710 ABBIE DRIVE JACKSONVILLE FL 32211</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>L Louise Wallace 1000 Beet Rd. Jacksonville Fla. 32211</b> <input type="checkbox"/> Change <input checked="" 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
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-04** **(904) 631-6820**  
Date Daytime Phone #