

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90165 045 \*\*\*\*\*75.00

**DOCUMENT # N01000000844**

1. Entity Name

**ANointed CHURCH OF THE LIVING GOD, INC.**



Principal Place of Business

**1337 YORKTOWN  
APT D  
ORANGE PARK FL 32065**

Mailing Address

**P O BOX 2295  
ORANGE PARK FL 32067**

2. Principal Place of Business

**6833 Coralberry Ln, S.**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Jacksonville Florida**

City & State

4. FEI Number **59-3734555**

Applied For

Not Applicable

Zip

**32244**

Country

**United States**

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUNHAM, PERRY  
1337 YORKTOWN  
APT D  
ORANGE PARK FL 32065**

7. Name and Address of New Registered Agent

**Perry Dunham**  
Street Address (P.O. Box Number is Not Acceptable)  
**6833 Coralberry Ln, S.**  
City **Jacksonville** FL Zip Code **32244**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PVST** ☐ Delete  
NAME **DUNHAM, PERRY**  
STREET ADDRESS **5520 COLLINS ROAD APT 907**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STANTON, DOUGLAS**  
STREET ADDRESS **7710 ARBIE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **STANTON, ANTHONY**  
STREET ADDRESS **1837 SEGRAVE STREET, #19**  
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **STANTON, LYVONNE**  
STREET ADDRESS **7710 ARBIE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Perry A. Dunham**  
Date **1-30-03**  
Phone # **(904) 607-3732**

CR2E037 (10/02)