

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

DOCUMENT # N02000002978 1. Entity Name ANOINTED VISION OF FAITH CHURCH, INC.					
Principal Place of Business 6428 CAVALCADE TRL TALLAHASSEE, FL 32309			Mailing Address 6428 CAVALCADE TRL TALLAHASSEE, FL 32309		
2. Principal Place of Business 1203 HARCOM ST. Suite, Apt. #, etc.		3. Mailing Address 5161 ILS DE FRANCE DR Suite, Apt. #, etc.			
City & State TALL, FL 32304		City & State TALL, FL 32309			
Zip 32304		Country LEON		Zip 32309	
Country LEON		4. FEI Number 58-2593517			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, ALFREDDIE B CEO 6428 CAVALCADE TRL TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Alfred B. Scott CEO - Bishop</u> 10/7/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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	CEO SCOTT, ALFREDDIE B <input type="checkbox"/> Delete 6428 CAVALCADE TRL TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500041768505 10/11/04--01017--004 ***61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B SCOTT, ALFREDDIE B <input type="checkbox"/> Delete 6428 CAVALCADE TRL TALLAHASSEE, FL 32309		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"/> 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: <u>Alfred B. Scott CEO</u> 10/11/04 8503399288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					