


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N03000001824**

1. Entity Name  
**ANointed WORD MINISTRIES INTERNATIONAL INC.**



Principal Place of Business *← input address*  
**1720 NW 278TH TERRACE  
 FT LAUDERDALE, FL 33311**

Mailing Address  
**1720 NW 278TH TERRACE  
 FT LAUDERDALE, FL 33311**

2. Principal Place of Business  
**1720 N.W. 26 Terrace**

3. Mailing Address  
**1720 N.W. 26 Terrace**

Suite, Apt. #, etc.


City & State  
**FT. Lauderdale Florida**

City & State  
**FT. Lauderdale Florida**

Zip  
**33311**

Country  
**USA**

**FILED**  
 05 SEP 30 AM 10:23  
 TALLAHASSEE, FLORIDA  
 REINSTATEMENT  
 04-05  
 9-6-05



08112005 REIN-NP CR2E099 (6/04)

4. FEI Number  
**13-4239082**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BENEFIELD, AMOS  
 1720 NW 278TH TERRACE  
 FT LAUDERDALE, FL 33311**

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: *[Signature]* **9-6-05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP BENEFIELD, AMOS 1720 NW 278TH TERRACE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BENEFIELD, YOSHIKO 1720 NW 278TH TERRACE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEFIELD, AMOS SR 1720 NW 278TH TERRACE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEFIELD, MARY 1720 NW 278TH TERRACE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WATSON, CARROLL 107 CONTINENTAL DRIVE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, JULIA E 107 CONTINENTAL DRIVE FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amos Benefield Sr 1720 N.W. 26 Terrace FT. Lauderdale FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(change address only)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yoshiko Benefield 1720 N.W. 26 Terrace FT. Lauderdale FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(change address only)</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amos Benefield Sr 1720 N.W. 26 Terrace FT. Lauderdale Florida 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>change address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Benefield 1720 N.W. 26 Terrace FT. Lauderdale Florida 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>change address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600060223096</b> 10/04/05--01071--006 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davis Julia E 91 Springs Street Charleston SC 29403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(change address only)</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]* **9-6-05 954-448-9223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #