# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jan 08, 2008**
**Secretary of State**

DOCUMENT# N03000001824

**Entity Name:** ANOINTED WORD MINISTRIES INTERNATIONAL INC.

**Current Principal Place of Business:**

1720 NW 26 TERRACE
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1720 NW 26 TERRACE
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number: 13-4239082** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BENEFIELD, AMOS
1720 NW 26 TH TERRACE
FT LAUDERDALE, FL 33311 US

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.

SIGNATURE: AMOS BENEFIELD 01/08/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: TP ( ) Delete
Name: BENEFIELD, AMOS JR
Address: 1720 NW 26 TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TS ( ) Delete
Name: BENEFIELD, YOSHIKO
Address: 1720 N W 26TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T ( ) Delete
Name: BENEFIELD, AMOS SR
Address: 1720 N W 26TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T ( ) Delete
Name: BENEFIELD, MARY
Address: 1720 NW 26TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TT ( ) Delete
Name: WATSON, CARROLL
Address: 107 CONTINENTAL DRIVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: T ( ) Delete
Name: DAVIS, JULIA E
Address: 91 SPRINGS STREET
City-St-Zip: CHARLESTON, SC 29403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: BENEFIELD, YOSHIKO
Address: 1720 N W 26 TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARROLL WATSON TT 01/08/2008
Electronic Signature of Signing Officer or Director Date