

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008795

FILED
Oct 31, 2006
Secretary of State

Entity Name: ANOINTED WORD MINISTRY MENDING BROKEN HEART INC.

Current Principal Place of Business:

8206 COLLIER PLACE
TAMPA, FL 33637

New Principal Place of Business:

2410 PINECREST DR.
LUTZ, FL 33549

Current Mailing Address:

8206 COLLIER PLACE
TAMPA, FL 33637

New Mailing Address:

2410 PINECREST DR
LUTZ, FL 33549

FEI Number: 55-9979871 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, NILDA
10114 NORTH ASHLEY ST.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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: NILDA LOPEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE PEREZ, ELVIA M
Address: 8206 COLLIER PLACE
City-St-Zip: TAMPA, FL 33637

Title: V () Delete
Name: PEREZ, JOSE L
Address: 8206 COLLIER PLACE
City-St-Zip: TAMPA, FL 33637

Title: S () Delete
Name: RODRIGUEZ, EVELIN
Address: 9105 SURFFIELD CT.
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: BENJAMIN, CALVESTER
Address: 1119 NEWTON AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DE PEREZ, ELVIA M
Address: 2410 PINECREST DR.
City-St-Zip: LUTZ, FL 33549

Title: V (X) Change () Addition
Name: PEREZ, JOSE L
Address: 2410 PINECREST DR.
City-St-Zip: LUTZ, FL 33549

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 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: ELVIA MENDEZ PEREZ

MINI

10/31/2006

Electronic Signature of Signing Officer or Director

Date