

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008795

1. Entity Name

ANOINTED WORD MINISTRY MENDING BROKEN HEART
INC.

Principal Place of Business

2410 PINECREST DR.
LUTZ, FL 33549

Mailing Address

2410 PINECREST DR
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE



04292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

55-9979871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE PEREZ, ELVIA M
STREET ADDRESS	2410 PINECREST DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	V
NAME	PEREZ, JOSE L
STREET ADDRESS	2410 PINECREST DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	S
NAME	RODRIGUEZ, EVELIN
STREET ADDRESS	9105 SURFFIELD CT.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	T
NAME	BENJAMIN, CALVESTER
STREET ADDRESS	1119 NEWTON AVE. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ELVIA MEUDEZ *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-07 352-583-5785