

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008795

FILED
Jan 28, 2008
Secretary of State

Entity Name: ANOINTED WORD MINISTRY MENDING BROKEN HEART INC.

Current Principal Place of Business:

2410 PINECREST DR.
LUTZ, FL 33549

New Principal Place of Business:

21540 U S HWY. 301
DADE CITY, FL 33523

Current Mailing Address:

2410 PINECREST DR
LUTZ, FL 33549

New Mailing Address:

P O BOX 420
DADE CITY, FL 33526

FEI Number: 55-9979871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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: 21540 U S HWY.301
City-St-Zip: DADE CITY, FL 335223

Title: V (X) Change () Addition
Name: PEREZ, JOSE L
Address: 21540 U S HWY. 301
City-St-Zip: DADE CITY, FL 33523

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: ELVIA MENDEZ

P

01/28/2008

Electronic Signature of Signing Officer or Director

Date