

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008966

FILED
Apr 06, 2008
Secretary of State

Entity Name: GOD'S ANOINTED MINISTRIES INC.

Current Principal Place of Business:

1205 N. W. 4TH STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 763
OCALA, FL 34478

New Mailing Address:

FEI Number: 56-2406807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, ALMA M
5259 NW 60TH TERR.
OCALA, FL 34482 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: PD () Delete
Name: COOK, ALMA M
Address: 5259 N.W. 60TH TERR.
City-St-Zip: OCALA, FL 34482

Title: SD () Delete
Name: HOLT, ALISON
Address: 5259 N.W. 60TH TERR.
City-St-Zip: OCALA, FL 34482

Title: TD () Delete
Name: SPENCER, LATONJA
Address: 5259 N.W. 60TH TERR.
City-St-Zip: OCALA, FL 34482

Title: V () Delete
Name: COOK, BETHANIA V
Address: 5259 N.W. 60TH TERR.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: HOLT, ALISON
Address: 6765 N. W. 14TH AVE
City-St-Zip: OCALA, FL 34475

Title: TD (X) Change () Addition
Name: SPENCER, LATONJA
Address: 2521 N. W. 45TH PL
City-St-Zip: OCALA, FL 34475

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: ALMA M COOK

PD

04/06/2008

Electronic Signature of Signing Officer or Director

Date