

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000002739

1. Entity Name  
ANOINTED TO WIN OUTREACH WORSHIP CENTER, INC.



Principal Place of Business  
27084 AUBREY AVE  
BROOKSVILLE, FL 34602

Mailing Address  
27084 AUBREY AVE  
BROOKSVILLE, FL 34602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIS, TAMMY T PRES.  
27084 AUBREY AVE  
BROOKSVILLE, FL 34602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2006, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME WILLIS, TAMMY T  
STREET ADDRESS 27084 AUBREY AVE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

☐ Change ☐ Addition  
300061523689  
11/17/05--01050--011 \*\*\$1.25

TITLE V ☐ Delete  
NAME BROWN, SHERYL H  
STREET ADDRESS 27103 THRON CREST AVE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

☐ Change ☐ Addition

TITLE S ☐ Delete  
NAME ROBERTS, TARA M  
STREET ADDRESS 27167 FERNERY AVE  
CITY-ST-ZIP BROOKSVILLE, FL 34602

☐ Change ☐ Addition

TITLE T ☐ Delete  
NAME LAWSON, ANTAVEYIA L  
STREET ADDRESS 810 WOOD DR  
CITY-ST-ZIP BROOKSVILLE, FL 34602

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Tammy T. Willis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*November 4, 2005 (352) 796-7320*  
Date Daytime Phone #