

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002772

FILED
Apr 22, 2006
Secretary of State

Entity Name: ANOINTED WORD WORLD WIDE MINISTRIES, INC.

Current Principal Place of Business:

549 ACORN RIDGE LANE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

549 ACORN RIDGE LANE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 74-3117300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, PATRICIA A
549 ACORN RIDGE LANE
ORANGE PARK, FL 32065 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: D () Delete
Name: MARTIN, LLOYD D PH.D.
Address: 549 ACORN RIDGE LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: MARTIN, PATRICIA A MRS
Address: 549 ACORN RIDGE LANE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: REED, RONALD K REV.
Address: 846 MOON ROAD
City-St-Zip: COLUMBUS, OH 43224

Title: D () Delete
Name: FORQUER, GLADYS M MRS
Address: 2734 SCOTTWOOD ROAD
City-St-Zip: COLUMBUS,, OH 43209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LLOYD D. MARTIN

D

04/22/2006

Electronic Signature of Signing Officer or Director

Date