


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006249							
1. Entity Name THE HOLY ANOINTED CHURCH OF THE LORD JESUS CHRIST, INC.							
Principal Place of Business PO BOX 441 GREENSBORO, FL 32330			Mailing Address PO BOX 441 GREENSBORO, FL 32330				
2. Principal Place of Business P.O. Box 441			3. Mailing Address P.O. Box 441				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State Greensboro Fla		City & State Greensboro Fla		4. FEI Number 36-4555523			
Zip 32330		Country Gadsden		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AKINS, DELORES 41 WILLIE LEE CAMPBELL RD QUINCY, FL 32351				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE D	NAME AKINS, DELORES		<input type="checkbox"/> Delete	TITLE D/P	NAME DELORES AKINS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 41 WILLIE LEE CAMPBELL RD	CITY-ST-ZIP QUINCY, FL 32351			STREET ADDRESS 41 Willie Lee Campbell Rd	CITY-ST-ZIP Quincy Fla. 32351		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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.				900054000409 05/06/05--01038--004 **70.00			
SIGNATURE: <i>DeLores Akins</i>				4/25/05 (859) 442-6196			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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