

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009786

FILED
Mar 13, 2006
Secretary of State

Entity Name: ANOINTED WORKS MINISTRIES, INC.

Current Principal Place of Business:

604 OLD DIXIE AVE
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 663
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 55-0885041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MATTHEW E
604 OLD DIXIE AVE
FRUITLAND PARK, FL 34731 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: WHITE, MATTHEW E
Address: 604 OLD DIXIE AVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: S () Delete
Name: WHITE, LEANNE E
Address: 604 OLD DIXIE AVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: V () Delete
Name: BALDWIN, JIMMY W
Address: 1919 GLEN VIEW RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T () Delete
Name: BALDWIN, SHERRY H
Address: 1919 GLEN VIEW RD
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: BALDWIN, JIMMY W
Address: 1919 GLEN VIEW RD
City-St-Zip: FRUITLAND PARK, FL 34731

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: MATTHEW E. WHITE

P

03/13/2006

Electronic Signature of Signing Officer or Director

Date