## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009786

Entity Name: ANOINTED WORKS MINISTRIES, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

604 OLD DIXIE AVE 315 N. MAIN ST.

FRUITLAND PARK, FL 34731 WILDWOOD, FL 34785

Current Mailing Address: New Mailing Address:

P.O. BOX 663

FRUITLAND PARK, FL 34731

FEI Number: 55-0885041 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, MATTHEW E 604 OLD DIXIE AVE

FRUITLAND PARK, FL 34731 US

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:

Flackway is Competing of Devictors of Appet

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete Title: PD (X) Change ( ) Addition Name: WHITE, MATTHEW E Name: WHITE, MATTHEW E Address: 604 OLD DIXIE AVE 604 OLD DIXIE AVE

City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: FRUITLAND PARK, FL 34731

Title: V ( ) Delete Title: VD (X) Change ( ) Addition
Name: WHITE, LEANNE E Name: GUGLE, KATHLEEN D
Address: 604 OLD DIXIE AVE 606 OLD DIXIE AVE

City-St-Zip: FRUITLAND PARK, FL 34731 City-St-Zip: FRUITLAND PARK, FL 34731

 Title:
 S
 () Delete
 Title:
 TSD
 (X) Change () Addition

 Name:
 WHITE, MATTHEW E
 Name:
 WHITE, LEANNE E

 Address:
 604 OLD DIXIE AVE
 Address:
 604 OLD DIXIE AVE

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 City-St-Zip:
 FRUITLAND PARK, FL 34731

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WHITE, LEANNE E
 Name:

 Address:
 604 OLD DIXIE AVE
 Address:

 City-St-Zip:
 FRUITLAND PARK, FL 34731
 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: MATTHEW E. WHITE PD 01/28/2009