


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90040 033 ****70.00

DOCUMENT # N05000001720 1. Entity Name DIVINE ANOINTING WORSHIP CENTER, INC.	
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Principal Place of Business P.O. BOX 8359 PORT ST LUCIE, FL 34985-8359	Mailing Address P.O. BOX 8359 PORT ST LUCIE, FL 34985-8359
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DO NOT WRITE IN THIS SPACE

04192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1243447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, CARLTON A
577 NW KILPATRICK AVE
PORT ST LUCIE, FL 34983

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CARLTON A 577 NW KILPATRICK AVE PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CLOVER 577 NW KILPATRICK AVE PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBBS, ANTHONY 2261 ALCAZAR DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BROWN, ROXANNE 12071 SW 15 ST BLD #188 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  5/21/07 954 614-2279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR