

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001720

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: DIVINE ANOINTING WORSHIP CENTER, INC.

## Current Principal Place of Business:

P.O.BOX 8359  
PORT ST LUCIE, FL 349858359

## New Principal Place of Business:

402 SW HIBISCUS STREET  
PORT ST LUCIE, FL 34983

## Current Mailing Address:

P.O.BOX 8359  
PORT ST LUCIE, FL 349858359

## New Mailing Address:

FEI Number: 65-1243447      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SMITH, CARLTON A  
2702 SW ALTAMIRA AVE  
PORT ST LUCIE, FL 34987      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: \_\_\_\_\_

02/25/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, CARLTON A  
Address: 577 NW KILPATRICK AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V ( ) Delete  
Name: SMITH, CLOVER  
Address: 577 NW KILPATRICK AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete  
Name: GIBBS, ANTHONY  
Address: 2261 ALCAZAR DR  
City-St-Zip: MIRAMAR, FL 33023

Title: TS ( ) Delete  
Name: BROWN, ROXANNE  
Address: 12071 SW 15 ST BLD #188  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, CARLTON A  
Address: 2702 SW ALTAMIRA AVE  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: V (X) Change ( ) Addition  
Name: SMITH, CLOVER  
Address: 2702 SW ALTAMIRA  
City-St-Zip: PORT ST LUCIE, FL 34987

Title: T (X) Change ( ) Addition  
Name: CUMMINGS, PHILLIP  
Address: 345 FAIRFAX AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CARLTON SMITH

PRES

02/25/2008

Electronic Signature of Signing Officer or Director

Date