2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N05000001720

Entity Name: DIVINE ANOINTING WORSHIP CENTER, INC.

Current Principal Place of Business:

402 SW HIBISCUS STREET
PORT ST LUCIE, FL 34983

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

SMITH, CARLTON A
2702 SW ALTAMIRA AVE
PORT ST LUCIE, FL 34987 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: SMITH, CARLTON A
Address: 2702 SW ALTAMIRA AVE
City-St-Zip: PORT ST LUCIE, FL 34987

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

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

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

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

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

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 P 04/23/2009

Electronic Signature of Signing Officer or Director — Date