

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90009 002 ****70.00

DOCUMENT # N05000005810

1. Entity Name
WORLDWIDE OUTREACH MINISTRY: ANOINTING
NATIONS, INC.



Principal Place of Business
3300 PEMBROKE RD #335
PEMBROKE PARK, FL 33023

Mailing Address
3300 PEMBROKE RD #335
PEMBROKE PARK, FL 33023

20049649



2. Principal Place of Business

3. Mailing Address

P.O. Box 802121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07112006 Chg-NP CR2E037 (4/06)

City & State

City & State

Miami Florida

4. FEI Number

42-1671647

Applied For

Not Applicable

Zip

Country

Zip

33280

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRERO, MERCEDES D
3300 PEMBROKE RD #335
PEMBROKE PARK, FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME HERRERO, MERCEDES D ☐ Delete
STREET ADDRESS 3300 PEMBROKE RD #335
CITY-ST-ZIP PEMBROKE PARK, FL 33023

TITLE Evangelist ☐ Change ☒ Addition
NAME Stanley Hydon Allen
STREET ADDRESS 1213 NW 17th St
CITY-ST-ZIP FTL, FL 33311

TITLE S
NAME COONEY, MARIA J ☐ Delete
STREET ADDRESS 11760 JACOB BLVD
CITY-ST-ZIP PORT ST LUCIE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BENITEZ, ABIGAIL ☐ Delete
STREET ADDRESS 3300 PEMBROKE RD #335
CITY-ST-ZIP PEMBROKE PARK, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-06

954

687-6862