2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N06000008166

Entity Name: THE ANOINTED CHIP OF THE CORNER STONE MINISTRY, INC.

Current Principal Place of Business:

1809 JOG RD
#207
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

1809 JOG RD
#207
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 20-5313373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, EMILY PASTOR
1809 JOG RD
#207
WEST PALM BEACH, FL 33411 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:	DAVIS, EMILY	
Address:	1809 JOG RD #207	
City-St-Zip:	WEST PALM BEACH, FL 33411 US	
Title:	SEC	( ) Delete
Name:	SHELTON, SANDRA	
Address:	1809 JOG RD #207	
City-St-Zip:	WEST PALM BEACH, FL 33411 US	
Title:	TREA	( ) Delete
Name:	PARSON, TRISTAN	
Address:	1809 JOG RD #207	
City-St-Zip:	WEST PALM BEACH, FL 33411 US	
Title:	VP	( ) Delete
Name:	TURNER, SHARIAN M	
Address:	483 GLENWOOD DR	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	TREA	( ) Delete
Name:	ASHE, LUANNA	
Address:	CROOKSTICK RD	
City-St-Zip:	GREENACRES, FL	

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:	
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: EMILY DAVIS P 02/06/2009

Electronic Signature of Signing Officer or Director — Date