


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

**FILED**  
**Jun 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06507**  
 1. Entity Name  
**NEW ANOINTING INTERNATIONAL MINISTRIES, INC.**



Principal Place of Business 9833 SIBBALD ROAD JACKSONVILLE, FL 32208	Mailing Address 9833 SIBBALD ROAD JACKSONVILLE, FL 32208
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**DO NOT WRITE IN THIS SPACE**



05242007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>52-1374947</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WADE, ARTHUR E. REV.**  
**838 TAMMY COVE LANE**  
**JACKSONVILLE, FL 32218**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADE, ARTHUR E. 838 TAMMY COVE LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADE, PAULINE W. 838 TAMMY COVE LANE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, JUANITA G 2445 DUNN AVE SUITE 601 JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUSAN, BETTY 3117 TROUT RIVER BLVD JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, KAREN 11766 CHESTNUT OAK DR EAST JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MICHAEL S SR 2445 DUNN AVE SUITE 601 JACKSONVILLE, FL 32218

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06/04/07-80006-018 61.25

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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 my address, with all other like empowered.

**SIGNATURE:** Arthur Wade 5/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #