


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 017 \*\*\*\*70.00

<b>DOCUMENT # N06507</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WADE, ARTHUR E. REV. 838 TAMMY COVE LANE JACKSONVILLE, FL 32218				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, ARTHUR E.			NAME	
STREET ADDRESS	838 TAMMY COVE LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, PAULINE W.			NAME	
STREET ADDRESS	838 TAMMY COVE LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JUANITA G			NAME	
STREET ADDRESS	2445 DUNN AVE SUITE 601			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSAN, BETTY			NAME	BETTY CRUSAW
STREET ADDRESS	3117 TROUT RIVER BLVD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, KAREN			NAME	
STREET ADDRESS	11766 CHESTNUT OAK DR EAST			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MICHAEL S SR			NAME	
STREET ADDRESS	2445 DUNN AVE SUITE 601			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218			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: <u>Arthur E. Wade</u>				Date: <u>1/19/08</u> Daytime Phone #: <u>904-757-4277</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					