

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06507

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: NEW ANOINTING INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

9833 SIBBALD ROAD  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

9833 SIBBALD ROAD  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 52-1374947      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, ARTHUR E. REV.  
838 TAMMY COVE LANE  
JACKSONVILLE, FL 32218      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: WADE, ARTHUR E.,  
Address: 838 TAMMY COVE LANE  
City-St-Zip: JACKSONVILLE, FL

Title: VP      ( ) Delete  
Name: WADE, PAULINE W.  
Address: 838 TAMMY COVE LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S      ( ) Delete  
Name: KING, JUANITA G  
Address: 2445 DUNN AVE SUITE 601  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: CRUSAW, BETTY  
Address: 3117 TROUT RIVER BLVD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D      ( ) Delete  
Name: WADE, KAREN  
Address: 11766 CHESTNUT OAK DR EAST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D      ( ) Delete  
Name: KING, MICHAEL S SR  
Address: 2445 DUNN AVE SUITE 601  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S      (X) Change ( ) Addition  
Name: WADE, KAREN  
Address: 11766 CHESTNUT OAK DRIVE E.  
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: T      (X) Change ( ) Addition  
Name: GRAHAM, SHIRLEY  
Address: 4725 PLAYSCGOOL DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T      (X) Change ( ) Addition  
Name: MOTE, FRANCES  
Address: 3147 MARYLAND ST.  
City-St-Zip: JACKSONVILLE, FL 32209

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: WADE, ARTHUR E.

P

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date