

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001441

FILED
Apr 17, 2009
Secretary of State

Entity Name: ANOINTED ONE OUTREACH MINISTRY, INC.

Current Principal Place of Business:

734 SW MONROE ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

P O BOX 7126
LAKE CITY, FL 32056

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSE, SUSANNE
734 SW MONROE ST
LAKE CITY, FL 32055 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: PD () Delete
Name: MOSE, SUSANNE
Address: 734 SW MONROE ST
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: WITT, JENNIFER
Address: 375 NW BASCOM NORRIS DR - @ 202
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: MARTIN, WILLIE A
Address: 286 SE TIM ST
City-St-Zip: LAKE CITY, FL 32055

Title: TD () Delete
Name: TAYLOR, JAMES
Address: 147 MICHAEL PLACE
City-St-Zip: LAKE CITY, FL 32055

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: TD (X) Change () Addition
Name: MARTIN, DALE
Address: 659 NE BROADWAY AV
City-St-Zip: LAKE CITY, FL 32055

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: SUSANNE MOSE

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date