

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001441

FILED  
Apr 12, 2012  
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:**

141 N.E WEBSTER AVE  
LAKE CITY, FL 32055

**Current Mailing Address:**

P O BOX 7126  
LAKE CITY, FL 32056

**New Mailing Address:**

P O BOX 7126  
LAKE CITY, FL 32055

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**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  
Name: MOSE, SUSANNE  
Address: 734 SW MONROE ST  
City-St-Zip: LAKE CITY, FL 32055

Title: SD  
Name: WITT-PATE, JENNIFER D  
Address: 1207 N.W ASHLEY ST  
City-St-Zip: LAKE CITY, FL 32055

Title: VPD  
Name: MARTIN, WILLIE A  
Address: 201 S.E BEACH ST APT104  
City-St-Zip: LAKE CITY, FL 32055

Title: TD  
Name: BAILEY, JACQUELINE  
Address: 983 N.W MOORE ROAD  
City-St-Zip: LAKE CITY, FL 32055

I hereby 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 all other like empowered.

SIGNATURE: SUSANNE MOSE

PD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date