

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004492

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** ANOINTED VESSELS IN ARMS REACH MINISTRY, INC.

**Current Principal Place of Business:**

14479 SW SR 47  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 845  
FORT WHITE, FL 32038

**New Mailing Address:**

**FEI Number:** 26-1311704      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ENMAN, ORA  
14479 SW SR 47  
FORT WHITE, FL 32038      US

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  
**Name:** ENMAN, ORA  
**Address:** 14479 SW SR 47  
**City-St-Zip:** FORT WHITE, FL 32038

**Title:** V  
**Name:** JACKSON, GLORIA  
**Address:** 324 SW JORDAN ST  
**City-St-Zip:** FORT WHITE, FL 32038

**Title:** S  
**Name:** JACKSON, NIKEISHA L  
**Address:** 324 SW JORDAN ST  
**City-St-Zip:** FORT WHITE, FL 32038

**Title:** T  
**Name:** FRAZIER, MARILYN  
**Address:** 244 SW TYRUS WAY  
**City-St-Zip:** FORT WHITE, FL 32038

**Title:** BM  
**Name:** JACKSON, ERROLL  
**Address:** 324 SW JORDAN  
**City-St-Zip:** FORT WHITE, FL 32038

**Title:** BM  
**Name:** JAMMER, ROBERT  
**Address:** P. O. BOX 961  
**City-St-Zip:** FORT WHITE, FL 32038

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: ORA M. ENMAN

P

05/02/2010

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

\_\_\_\_\_  
Date