

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003119

FILED
Jan 31, 2009
Secretary of State

Entity Name: ANOINTS OF BODY OF CHRIST ASSEMBLY INCORPORATED

Current Principal Place of Business:

20833 NW 2ND AVE.
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

20833 NW 2ND AVE.
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 26-1671317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THORPE, CLAUDINE F.
6604 EVERGREEN DR.
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

AURELIEN THORPE, CLAUDINE F.
6604 EVERGREEN DR.
MIRAMAR, FL 33023 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: AURELIEN CLAUDINE F THORPE

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: F () Delete
Name: THORPE, CLAUDINE F.
Address: 20833 NW 2ND AVE.
City-St-Zip: MIAMI GARDENS, FL 33169

Title: P () Delete
Name: AROLD, AURELIEN J.
Address: 20833 NW 2ND AVE.
City-St-Zip: MIAMI GARDENS, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: F (X) Change () Addition
Name: AURELIEN, CLAUDINE F THORPE
Address: 20833 NW 2ND AVE.
City-St-Zip: MIAMI GARDENS, FL 33169

Title: P (X) Change () Addition
Name: AURELIEN, JEAN AROLD
Address: 20833 NW 2ND AVE.
City-St-Zip: MIAMI GARDENS, FL 33169

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: AURELIEN CLAUDINE F THORPE

F

01/31/2009

Electronic Signature of Signing Officer or Director

Date