2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004394

FILED Jun 22, 2009 Secretary of State

Entity Name: ANOINTED WORD CHRISTIAN CENTER INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business: 2220 NW 21ST AVE FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 1720 NW 26TH TERRACE FT LAUDERDALE, FL 33311 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: BENEFIELD, AMOS JR 2121 NORTH COVE LAKE RD NORTH LAUDERDALE, FL 33068 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENEFIELD, AMOS Name: Name: 2121 NORTH COVE LAKE RD Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WATSON, CARROLL Name: Address: 507 NW 12TH AVE Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: (X) Change () Addition PEIRRE, JAPHANEY Name: HERRING, JEPHNEY Name: 1551 SW 87TH WAY Address: Address: 1551 SW 87TH WAY City-St-Zip: PEMBROKE PINE, FL 33311 City-St-Zip: PEMBROKE PINE, FL 33311 Title: () Delete Title: () Change () Addition Name: MURRAY, MIKESHA Name: 21810 CYPRESS CIR APT 26-C Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Delete () Change () Addition BENEFIELD, MARY JO Name: Name: 1720 NW 26TH TERRACE Address: Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip:

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: AMOS BENEFIELD D 06/22/2009