

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005492

FILED
Jun 15, 2009
Secretary of State

Entity Name: ANOINTED AND APPOINTED OUTREACH, INC.

Current Principal Place of Business:

15511 N.W 135TH TERR.
ALACHUA, FL 32616

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2225
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 33-1217101 **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:

JONES, ADRIANE M
15511 N.W 135TH
ALACHUA, FL 32616 US

Name and Address of New Registered Agent:

JONES, ADRIANE M
15511 N.W 135TH TERR.
ALACHUA, FL 32616 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: _____

06/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, ADRIANE M
Address: P.O. BOX 2225
City-St-Zip: ALACHUA, FL 32616

Title: VP () Delete
Name: NATTIEL, TERRIC
Address: 20623 NW RAILROAD AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S () Delete
Name: WILLIAMS, ELLEN JEAN
Address: P.O. BOX 1693
City-St-Zip: ALACHUA, FL 32616

Title: T () Delete
Name: OGWADA, JANICE
Address: 15303 N. STREET RD RD1
City-St-Zip: GAINESVILLE, FL 32653

Title: M () Delete
Name: ROBINSON, ALVIN
Address: P.O. BOX 1366
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, ELLA JEAN
Address: P.O. BOX 1693
City-St-Zip: ALACHUA, FL 32616

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ADRIANE JONES

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date