

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010737

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: GOD'S ANOINTED RESTORATION OUTREACH MIN., INC.

**Current Principal Place of Business:**

6502 SUNSET DRIVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3101  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 80-0251039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMONS, CHARMAINE M  
6502 SUNSET DRIVE  
JACKSONVILLE, FL 32208 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: REV. ( ) Delete  
Name: SIMMONS, CHARMAINE M  
Address: 6502 SUNSET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: REV. ( ) Delete  
Name: SIMMONS, EDDIE J  
Address: 6502 SUNSET DRIVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: SECY ( ) Delete  
Name: SHUMAN, SHAWN R  
Address: 86220 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: DEA. ( ) Change (X) Addition  
Name: SIMMONS, ANTHONY D  
Address: 86220 PINEWOOD DRIVE  
City-St-Zip: YULEE, FL 32097

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: CHARMAINE MARIA SIMMONS

REV.

03/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date