

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N36216

1. Entity Name

Anointed Temple In Christ, Inc



FILED

07 APR 30 AM 10:14

CLERK OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000101630040
05/07/07--01004--012 **\$1.25

CR2E037B (8/05)

2. Principal Place of Business

Anointed Temple In
Suite, Apt. #, etc. CM'ST, INC
2603 Mahan Drive

3. Mailing Address

2603 Mahan Drive
Suite, Apt. #, etc. Tallahassee

City & State

Tallahassee, FL

City & State

Tallahassee

Zip

32308

Country

Leon

Zip

32308

Country

Leon

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Rosa Lee Thompson
Street Address (P.O. Box Number is Not Acceptable) 2603 Mahan Drive

City Tallahassee FL Zip Code 32308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE Pastor
NAME Rosa Lee Thompson
STREET ADDRESS 2603 Mahan Drive
CITY-ST-ZIP Tallahassee, FL 32308

TITLE Associate Pastor
NAME Carmena N. Pitts
STREET ADDRESS P.O. Box 20752
CITY-ST-ZIP Tallahassee, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Carmena Pitts