


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40385</b> 1. Entity Name ANOINTED WORD CHURCH OF TAMPA BAY, INC.	
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Principal Place of Business 1709 ST. JOSEPH STREET TAMPA, FL 33607	Mailing Address 1709 ST. JOSEPH STREET TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3028584	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAYES, LEROY 4410 PERCH STREET TAMPA, FL 33617	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC HAYES, LEROY 4410 PERCH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS HAYES, ISZALA 4410 PERCH STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILLMAN, JANE 963 WICKETRUN DR BRANDON, FL 33511
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Leroy Hayes, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR</small>	<u>2-20-04</u> <small>Date</small>	<u>813-254-5271</u> <small>Daytime Phone #</small>
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