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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N93000003066 (8)

ANOINTED REACHOUT MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 170 SW 2ND ST P.O. BOX 993 DEERFIELD FL 33441 DEERFIELD BEACH FL 33443 Date incorporated or Qualified 07/09/1993 3a. Date of Last Report 05/01/1995 2. Principal Place of Business 4. FEI Number NOT APPLICABLE 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zipi Country Zip Country 8. This corporation has liability for intangible tax/onder s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MADISON, LONNIE B SR Street Address (P.O. Box Number is Not Acceptable) 170 SW 2ND ST DEERFIELD FL 33441 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change ☐ Addition MADISON, LONNIE B SR NAME 1.2 NAME 170 SW 2ND ST **CR2E037** STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD FL 33441** CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE Change ☐ Addition MADISON, JUANITA NAME 2.2 NAME 170 SW 2ND ST STREET ADDRESS 2.3 STREET ADDRESS **DEERFIELD FL 33441** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition GLENN, JERRY NAME 3.2 NAME 233 SW 1ST TERRACE STREET ADORESS 3.3 STREET ADDRESS DEERFIELD FL 33441 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition LUCAS, SHELIA NAME 4. 2 NAME 1220 SW 5TH AVE STREET ADDRESS 4.3 STREET ADDRESS **DEERFIELD FL 33441** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DOELETE 51 TITLE Change Addition ARCHER, MARY NAME 5.2 NAME 383 SE 2ND AVE STREET ADDRESS 5.3 STREET ADDRESS **DEERFIELD FL 33441** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$1-ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; 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 phanged, or on an attachment with an address

SIGNATURE:

B. SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-96 (954)733-5725

(12/95)