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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003066 (8)
1. Corporation Name
ANointed REACHOUT MINISTRIES INTERNATIONAL, INC.



Principal Place of Business
**504 S DIXIE HWY
#3
POMPANO BEACH FL 33060
US**

Mailing Address
**P.O. BOX 993
DEERFIELD BEACH FL 33443**

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

Applied For

NOT APPLICABLE

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

City

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADISON, LONNIE B SR
170 SW 2ND ST
DEERFIELD FL 33441**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MADISON, LONNIE B SR**
STREET ADDRESS **170 SW 2ND ST**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MADISON, JUANITA**
STREET ADDRESS **170 SW 2ND ST**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GLENN, JERRY**
STREET ADDRESS **233 SW 1ST TERRACE**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LUCAS, SHELIA**
STREET ADDRESS **1220 SW 5TH AVE**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JORDAN, MARY**
STREET ADDRESS **710 SW 14TH COURT**
CITY-ST-ZIP **DEERFIELD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Moam

16-22-99 (954) 1733-5725

CR2E037 (10/97)