

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 013 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003066**

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



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/09/1993
City & State	City & State	4. FEI Number NOT APPLICABLE
Zip	Zip	Applied For <input checked="" type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

I, 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D <input type="checkbox"/> DELETE MADISON, LONNIE B SR 170 SW 2ND ST DEERFIELD FL 33441	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		1.2 NAME	P/D
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE MADISON, JUANITA 170 SW 2ND ST DEERFIELD FL 33441	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		2.2 NAME	VP/D
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE GLENN, JERRY 233 SW 1ST TERRACE DEERFIELD FL 33441	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE LUCAS, SHELIA 1220 SW 5TH AVE DEERFIELD FL 33441	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		4.2 NAME	S/D
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE JORDAN, MARY 710 SW 14TH COURT DEERFIELD FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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; with all other like empowered.

SIGNATURE:

Lonnie B. Madison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-99 (954) 733-5725
Date Daytime Phone #

CR2E037 (5/99)