

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000003066**

1. Entity Name

ANOINTED REACHOUT MINISTRIES INTERNATIONAL, INC.**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90034 041 *****70.00

0053276

Principal Place of Business

Mailing Address

**504 S DIXIE HWY
#3
POMPANO BEACH FL 33060
US****P.O. BOX 993
DEERFIELD BEACH FL 33443**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22-01**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	MADISON, LONNIE B SR	170 SW 2ND ST DEERFIELD FL 33441	<input type="checkbox"/>
	VP D	MADISON, JUANITA	170 SW 2ND ST DEERFIELD FL 33441	<input type="checkbox"/>
	D	GLENN, JERRY	233 SW 1ST TERRACE DEERFIELD FL 33441	<input type="checkbox"/>
	SD	LUCAS, SHELIA	1220 SW 5TH AVE DEERFIELD FL 33441	<input type="checkbox"/>
	D	JORDAN, MARY	710 SW 14TH COURT DEERFIELD FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-01 (954) 733-5725

CR2E037 (10/00)