

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

0011239

DOCUMENT # N93000003066

1. Entity Name

ANOINTED REACHOUT MINISTRIES INTERNATIONAL, INC.



08-27-2003 90081 015 ****70.00

Principal Place of Business

504 S DIXIE HWY

#3

POMPANO BEACH FL 33060

US

Mailing Address

P.O. BOX 993

DEERFIELD BEACH FL 33443



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Change ☐ Addition
TITLE **3721 NW 28th CT.**
NAME **LAUDERDALE LAKES FL 33311**
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE **3721 NW 28th CT.**
NAME **LAUDERDALE LAKES, FL 33311**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YOUMANS, VERA**
STREET ADDRESS **232 SW 1ST STREET**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

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

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

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

☐ Change ☒ Addition
TITLE **ASD**
NAME **CHARLENE STANLEY**
STREET ADDRESS **279 NE 41 CT.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Lonnie B. Madison* **LONNIE B. MADISON SR.** 08-24-03 954-733-5725

CR2E037 (4/03)