

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000005641 (4)**

1. Corporation Name

ANOINTED CHURCH OF CHRIST, INC.



Principal Place of Business

**603 NW 7TH TERRACE
FORT LAUDERDALE FL 33311**

Mailing Address

**1851 NW 33 TERRACE
FORT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 603 NW 7TH

2a. Mailing Address

26 1851 N.W. 33TH

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 FORT LAUDERDALE FL

Zip

24 33311

Country

25 BROWARD

City & State

28 FORT LAUDERDALE FL

Zip

29 33311

Country

30 BROWARD

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MARTIN, FANNIE
1851 NW 33 TERRACE
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-23-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME MARTIN, FANNIE M
STREET ADDRESS 1851 NW 33 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33312**

TITLE ☐ DELETE

**D
NAME MONTGOMERY, CAROLYN M
STREET ADDRESS 921 SW 31 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33311**

TITLE ☐ DELETE

**D
NAME JONES, CAROL B
STREET ADDRESS 217 SW 23 STREET APT. 1
CITY-ST-ZIP FORT LAUDERDALE FL 33315**

TITLE ☐ DELETE

**D
NAME EVANS, BETTY
STREET ADDRESS 1930 NW 14 TERRACE
CITY-ST-ZIP POMPANO FL 33069**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

SIGNATURE REQUIRED

FANNIE MARTIN 7-23-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)