

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005641

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARTIN, FANNIE  
1851 NW 33 TERRACE  
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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

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

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

TITLE D ☐ Delete  
NAME MONTGOMERY, CALLIE M  
STREET ADDRESS 210 PENNSYLVANIA AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE D ☐ Delete  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

FANNIE M. MARTIN

5-07-01 (954) 733-0429

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90025 018 \*\*\*\*61.25

550483



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0629831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)