

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

1997 JUN -9 AM 9: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000012 (2)
1. Corporation Name
ANOINTED MINISTRIES, INC.



Principal Place of Business 1824 DORIC DRIVE TALLAHASSEE FL 32303	Mailing Address 1824 DORIC DRIVE TALLAHASSEE FL 32303-3510
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3. Date Incorporated or Qualified 01/01/1996		3a. Date of Last Report N/A	
2. Principal Place of Business 21		2a. Mailing Address 26 <i>P.O. Box 3841</i>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28 <i>Tallahassee, FL</i>	
Zip 24	Country 25	Zip 29 <i>32315</i>	Country 30 <i>LEON</i>
4. FEI Number 59-3351202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FORD, TERRANCE A
1824 DORIC DRIVE
TALLAHASSEE FL 32303**

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 *Terrance A Ford* **TERRANCE A. FORD - President** **6/4/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, TERRANCE A
STREET ADDRESS	1824 DORIC DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, CRYSTAL A
STREET ADDRESS	1824 DORIC DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	STD <input type="checkbox"/> DELETE
NAME	FERRELL, AUDREY A
STREET ADDRESS	RTE. 17, BOX 1449-A
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	700002208997--6
2.3 STREET ADDRESS	-06/11/97--01089--003
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

2507
6/10/97

14. I do 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.

SIGNATURE *Terrance A Ford* **6/4/97** **10011285-5125**

CR2E037 (9/96)