

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC 29 PM 1:12

**DOCUMENT # N97000000888**

1. Corporation Name

**THE ANOINTING MIRACLES MINISTRIES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3544 ESTATE RD  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 94  
MADISON FL 32341



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

APPLIED FOR 59-3612932

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

9. Name and Address of Current Registered Agent

JONES, EVELINA  
509 E MAGNOLIA TERRACE  
APT 110  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Mary Gasper

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

Rt 1 Box 45 Georgetown Rd

83

Madison FL

32340

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
JONES, EVELINA  
3544 ESTATE RD  
TALLAHASSEE FL 32301

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
HAMPTON, CLARA  
3544 ESTATE RD  
TALLAHASSEE FL 32301

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
GASPER, MARY  
3544 ESTATE RD  
TALLAHASSEE FL 32301

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D Charlie Gasper  
Rt 1 Box 45 George Town Rd  
Madison FL 32340

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Secretary/Director  
Clara M. Hampton  
821 Kendall Drive  
Tallahassee, FL 32301

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Rt 1 Box 45 Georgetown Rd  
Madison FL 32340

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

300002976183--7  
-09/01/99--01063--007  
\*\*\*\*122.50 \*\*\*\*\*61.25

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Charlie Gasper* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-99