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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003409 (6)

1. Corporation Name

ANOINTED WORD DELIVERACE CENTER, INC.



Principal Place of Business

Mailing Address

2432 HERB AVENUE
LEHIGH ACRES FL 33934

2432 HERB AVENUE
LEHIGH ACRES FL 33934

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

65-0761600

Applied For

Not Applicable

2. Principal Place of Business

21 SAME

2a. Mailing Address

Suite, Apt. #, etc.

22 109 THIRD STREET NO.

City & State
23 IMMOKALEE, FL

Zip

24 34142

Country

25 USA

Suite, Apt. #, etc.

27 P. O. BOX 3539

City & State
28 IMMOKALEE, FL

Zip

29 34143

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, GREGORY
2432 HERB AVENUE
LEHIGH ACRES FL 33934

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME FORD, GREGORY
STREET ADDRESS 2432 HERB AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33934

1.1 TITLE ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME FORD, GREGORY
STREET ADDRESS 2432 HERB AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33934

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME THOMPSON, BARBARA
STREET ADDRESS P.O. BOX 937 N/A
CITY-ST-ZIP IMMOKALEE FL 34143

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SMALL, MARJORIE
STREET ADDRESS 2432 HERB AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33971

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME JAMES, SANDRA
STREET ADDRESS P.O. BOX 1827 N/A
CITY-ST-ZIP IMMOKALEE FL 34143

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 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.

SIGNATURE:

5/11/98

CR2E037 (10/97)