

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 27, 1999 8:00 am  
Secretary of State

05-27-1999 90004 034 \*\*\*\*61.25

DOCUMENT # N97000003409

1. Corporation Name

ANOINTED WORD DELIVERACE CENTER, INC.

Principal Place of Business

109 THIRD ST N  
IMMOKALEE FL 34142  
US

Mailing Address

P O BOX 3539  
IMMOKALEE FL 34143  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

65-0761600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FORD, GREGORY  
2432 HERB AVENUE  
LEHIGH ACRES FL 33934

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

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

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33971 (zip)

2.1 TITLE VP/T  
2.2 NAME Ford, MARJORIE  
2.3 STREET ADDRESS 2432 Herb Avenue  
2.4 CITY-ST-ZIP Lehigh ACRES, FL 33971 ☒ Change ☒ Addition

3.1 TITLE Secretary (S)  
3.2 NAME  
3.3 STREET ADDRESS 3902 35th St SW  
3.4 CITY-ST-ZIP Lehigh ACRES, FL 33971 ☒ Change ☐ Addition

4.1 TITLE TR  
4.2 NAME Herb Small  
4.3 STREET ADDRESS 4620 19th Ave Apt #A-202  
4.4 CITY-ST-ZIP Fort Myers, FL 33907 ☒ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

5/25/99 362-6969

CR2E037 (1/98)