FILED
Jun 03, 2004 8:00 am
Secretary of State
06-03-2004 90329 001 ***140.00

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1. Entity Name
ANOINTED WORD DELIVERACE CENTER, INC.

Principal Place of Business	Mailing Address
109 THIRD ST N IMMOKALEE, FL 34142 US	P O BOX 3539 IMMOKALEE, FL 34143 US

2. Principal Place of Business	3. Mailing Address
3538 South Street Fort Myers, Florida 33916	P O Box 6778 Fort Myers, Fl 33911

4. FEI Number
65-0761600

Applied For

Zip	Country	Zip	Country

5. Certificate of Status Desired x $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, GREGORY
3327 13TH ST WEST
LEHIGH ACRES, FL 33971

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

State check payable to Florida Department of State

OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 9.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, GREGORY 3327 13TH ST WEST LEHIGH ACRES, FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FORD, MARJORIE 3327 13TH ST WEST LEHIGH ACRES, FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, BARBARA 3902 35TH ST. SW LEHIGH ACRES, FL 33971	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SANDRA P.O. BOX 1627 N/A IMMOKALEE, FL 34143	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

10. 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: x [signature] Pastor 5/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #