

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90015 030 \*\*\*\*61.25

**DOCUMENT # N97000004695**

1. Entity Name  
**ANOINTING OF THE HOLY SPIRIT MINISTRY INCORPORATED**



Principal Place of Business  
**1801 NE 23 AVE  
 STE D4  
 GAINESVILLE, FL 32609-919 US**

Mailing Address  
**P O BOX 1014  
 GAINESVILLE, FL 32602 US**

2. Principal Place of Business - No P.O. Box #  
**1755 SW Williston Road**

3. Mailing Address  
**PO Box 1014**

Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

Zip  
**32609**

Country  
**USA**

Zip  
**32602**

Country  
**USA**

02202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3469968**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**KING, DOLLIE P  
 224 SW 3RD AVE.  
 GAINESVILLE, FL 32601**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 Zip Code

9. 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 the if applicable (NOTE Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KING, DOLLIE P 224 SW 3RD AVE. GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV LONG, PAULA 16404 NW 20TH AVE. NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LEATH, JOE ANN 504 SW. CHINCHILLA GLN HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWSON, NANCY L 609 NE 20TH ST GAINESVILLE, FL 32641 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LIBRA, JAMES 504 SW. CHINCHILLA GLN HIGH SPRINGS, FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Administrator Glenneta Thompson 11750 NE 109th Place Archer, FL 32618	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Albra James (Secretary) Date: 4/24/07 (352)317-4367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66011001



ATTACHMENT 66011658

# 100000000260

SS-4 Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

1 Name of applicant (legal name) (see instructions) Jehovah-Shamab Ministries, Inc.
2 Trade name of business (if different from name on line 1)
4a Mailing address (street address) (room, apt., or suite no.) P.O. Box 1238
4b City, state, and ZIP code High Springs, FL 32655
5a City and state where principal business is located Alachua Co. - Florida
7 Name of principal officer, general partner, grantor, owner, or trustee (SSN or EIN may be required) (see instructions) Ronald N. Blanton 403-34-6112

8a Type of entity (check only one box) (see instructions)
Caution: If applicant is a limited liability company, use the instructions for line 8a
[ ] Sole proprietor (SSN) [ ] Estate (SSN of decedent)
[ ] Partnership [ ] Trust or trust estate (SSN)
[ ] REMT [ ] National trust [ ] Other corporation (specify)
[ ] State/local government [ ] Farmers' cooperative [ ] Trust
[X] Church or church controlled organization [ ] Federal government (agency)
[ ] Other nonprofit organization (specify)
[ ] Other (specify)

8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida
9 Reason for applying (check only one box) (see instructions)
[ ] Banking purpose (specify purpose)
[ ] Started new business (specify type)
[ ] Changed type of organization (specify new type)
[ ] Purchased going business
[ ] Hired employees (check the box and see line 12)
[ ] Created a pension plan (specify type)
[ ] Other (specify) - New Charter

10 Date business started or acquired (month, day, year) (see instructions) 1/6/2000
11 Ending month of accounting year (see instructions) Nov. 30

12 First date wages or annuities were paid or will be paid (month, day, year) (Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien.) (month, day, year) N/A

13 Highest number of employees expected in the next 12 months (Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)) 0
14 Principal activity (see instructions) Religious-Church

15 Is the principal business activity manufacturing? [ ] Yes [X] No
If Yes, principal product and raw material used

16 To whom are most of the products or services sold? Please check one box
[ ] Public (retail) [ ] Other (specify)
[ ] Business (wholesale) [X] N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? [X] Yes [ ] No
Note: If Yes, please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior applications if different from line 1 or 2 above
Legal name Trade name

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known
Approximate date when filed (no. day, year) City and state when filed
1/11/83 High Springs, Florida

17d Business telephone number (include area code) (904) 454-1353
17e Tax telephone number (include area code) (904) 454-4347

Name and title (Please print or print clearly) Ronald N. Blanton

Signature

Please leave blank