## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

## **DOCUMENT # N98000006981**

1. Entity Name

WORD IN ACTION ANOINTED MINISTRY INC.



FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

4031 PADDLEWHEEL DRIVE Brandon, FL 33511 Mailing Address

4031 PADDLEWHEEL DRIVE BRANDON, FL 33511



03082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3557638

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

OGUNTEBI, FEHINTOLA

109 N ARMENIA AVE TAMPA, FL 33609

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000665445 03/23/07-80029-016 70.00	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	PSD NEWBERRY, MARVIN J 4031 PADDLEWHEEL DR BRANDON, FL 33511					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERRY, GLENDA J 4031 PADDLEWHEEL DR BRANDON, FL 33511					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, HOWARD J 1208 BARONWOOD PL BRANDON, FL 33510			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHION, ROSE M 1208 BARONWOOD PL BRANDON, FL 33510		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information						

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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECT

MARVEN J. NEWBERRY

3/9/07

(813)829-2204

Daytime Phone #