

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003697

FILED
Jan 04, 2008
Secretary of State

Entity Name: BY THE ANOINTING, INC.

Current Principal Place of Business:

3901 EAST OSBORNE AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

3901 EAST OSBORNE AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3581064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, CLARENCE
3901 EAST OSBORNE AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, CLARENCE
Address: 3901 E. OSBORNE AVENUE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: STREET, GEORGE
Address: % 3901 E. OSBORNE AVENUE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: STREET, EVELYN
Address: % 3901 E. OSBORNE AVENUE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: ROBERSON, ALFRED
Address: 14266 55TH AVE. SOUTH
City-St-Zip: TUKWILA, WA 98168

Title: D () Delete
Name: ROBERSON, LINDA
Address: 14266 55TH AVE. SOUTH
City-St-Zip: TUKWILA, WA 98168

Title: D () Delete
Name: DAVIS, GLORIA
Address: 3901 E. CURTIS ST.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE BROWN

D

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date