

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90032 001 ***158.75

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1. Entity Name
**THE ANOINTED CONSERVATORY OF THE ARTS
INCORPORATED**

Principal Place of Business
**5664 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818**

Mailing Address
**5664 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818**

50056850



07032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0427760

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMS, CHRISTOPHER
5664 BRECKRIDGE CIRCLE
ORLANDO, FL 32818**

**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 *Christopher Sims* **PD**

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

(NOTE: Registered Agent signature required when reinstating)

7/11/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMS, CHRISTOPHER E
STREET ADDRESS 5664 BRECKENRIDGE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE DS
NAME SIMS, ANGELA M
STREET ADDRESS 5664 BRECKENRIDGE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE DS
NAME DAVENPORT, BEVERLY
STREET ADDRESS 4410 S LAKE ORLANDO PKWY
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ~~CONTRACT SELLER~~
NAME ~~CONTRACT SELLER~~
STREET ADDRESS ~~CONTRACT SELLER~~
CITY-ST-ZIP ~~CONTRACT SELLER~~

TITLE **CEO - Director**
NAME **Conway, Sheila**
STREET ADDRESS **1610 Columbia Arms Circle #232**
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 607, 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: *Sheila Conway* **President Director** **7/11/05** **407-443-1247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #