

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039629

FILED
Apr 26, 2008
Secretary of State

Entity Name: THE ANOINTED CONSERVATORY OF THE ARTS INCORPORATED

Current Principal Place of Business:

5664 BRECKENRIDGE CIRCLE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P.O> BOX 677
CLARCONA, FL 32710 US

New Mailing Address:

P.O. BOX 677
CLARCONA, FL 32710 US

FEI Number: 03-0427760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMS, CHRISTOPHER
5664 BRECKRIDGE CIRCLE
ORLANDO, FL 32818 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMS, CHRISTOPHER E
Address: 5664 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: DS () Delete
Name: SIMS, ANGELA M
Address: 5664 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: DIR () Delete
Name: MCKINNON, DONNA M MRS.
Address: 2237 ANACOSTIA AVE.
City-St-Zip: OCOEE, FL 34761 US

Title: CFOD () Delete
Name: ELLISON, GWENDOLYN B MRS.
Address: 2413 ANACOSTIA AVE
City-St-Zip: OCOEE, FL 34761 US

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SIMS

PD

04/26/2008

Electronic Signature of Signing Officer or Director

Date