

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 05, 2004
Secretary of State**

DOCUMENT# N02000003329

Entity Name: WORD OF FAITH CHRISTIAN LIFE CENTER OUTREACH MINISTRIES INC.

Current Principal Place of Business:

7950 CHORON TERRACE
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

PO BOX 286
FLORAL CITY, FL 34436

New Mailing Address:

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

Name and Address of Current Registered Agent:

LANGLEY, CLARENCE E III
7950 CHORON TERRACE
FLORAL CITY, FL 34436 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: P () Delete
Name: LANGLEY, CLARENCE E III
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436 US

Title: VT () Delete
Name: LANGLEY, TRACY L
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436

Title: S () Delete
Name: LANGLEY, LATISHA L
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: LANGLEY, BREA N
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: LANGLEY, TY E
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: LANGLEY, CLARENCE E IV
Address: PO BOX 286
City-St-Zip: FLORAL CITY, FL 34436

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 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 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 E LANGLEY III

P

08/05/2004

Electronic Signature of Signing Officer or Director

Date