

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001021

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** WORDS OF LIFE MINISTRY, INC.

**Current Principal Place of Business:**

2900 NW 24TH COURT  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX8014  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 30-0129195

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, EVA M  
2900 NW 24TH COURT  
FT LAUDERDALE, FL 33311 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: PD ( ) Delete  
Name: WHITE, EVA M  
Address: PO BOX 8014  
City-St-Zip: FT LAUDERDALE, FL 333108014

Title: VD ( ) Delete  
Name: MACKY, LINDA  
Address: 2148 NW 8TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: ROPER, PATRICIA  
Address: 4231 NW 19TH STREET BLDG 271  
City-St-Zip: LAUDERHILL, FL 33313

Title: TD ( ) Delete  
Name: MITCHELL, ANTONIO  
Address: 2150 NW 8TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WHITE, PAUL H  
Address: PO BOX 8014  
City-St-Zip: FT LAUDERDALE, FL 333108014

**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:

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: EVA M WHITE

PD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date