

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
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05 MAY -1 AM 10:15

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07862 (8)
1. Corporation Name
WAY OF LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business 11810 NW 19TH STREET PLANTATION FL 33323	Mailing Address 11810 NW 19TH STREET PLANTATION FL 33323
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2710705	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**NORRIS, DAVID
11810 NW 19TH ST.
PLANTATION FL 33323**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDM	NORRIS, DAVID L 11810 NW 19TH ST PLANTATION FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE SD	FERRARI, APRIL 9711 NW 5TH COURT CORAL SPRINGS FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE TD	YODER, MARK 3221 NW 94TH WAY SUNRISE FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	YODER, MARK
STREET ADDRESS		3.3 STREET ADDRESS	3221 NW 94th Way
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Sunrise, FL 33351
TITLE D	YOUNG, DEAN 12324 SW FIRST ST CORAL SPRGS FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	T/D
STREET ADDRESS		4.3 STREET ADDRESS	YOUNG, DEAN
CITY - ST - ZIP		4.4 CITY - ST - ZIP	12324 SW First Street Coral Springs, FL 33071
TITLE D	STINSON, CHARLIE 9055 NW 49TH PLACE CORAL SPRINGS FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed), or on an attachment with an address.

SIGNATURE: David L. Norris David L. Norris - 4-28-95 305-474-4703