FILE NOW: FILING FEE IS $61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07862 (8)

1. Corporation Name

WAY OF LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
11810 NW 19TH STREET PLANTATION FL 33323	11810 NW 19TH STREET PLANTATION FL 33323

3. Date Incorporated or Qualified: 02/26/1985

4. FEI Number: 59-2710705 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDM	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NORRIS, DAVID L		1.2 NAME		
STREET ADDRESS	11810 NW 19TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERRARI, APRIL		2.2 NAME		
STREET ADDRESS	9711 NW 5TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HERAMB, MARK		3.2 NAME	CHANG, LYNUE	
STREET ADDRESS	6975 NW 44 CT		3.3 STREET ADDRESS	4520 SW 133 Ave.	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33330	
TITLE	D	☐ DELETE	4.1 TITLE	D/T	☒ Change ☐ Addition
NAME	MONTELEONE, SAL		4.2 NAME	MONTELEONE, SAL	
STREET ADDRESS	1861 NW 106 TERR		4.3 STREET ADDRESS	1861 NW 106 Terr	
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	PLANTATION, FL	
TITLE	DT	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	STINSON, CHARLIE		5.2 NAME	STINSON, CHARLIE	
STREET ADDRESS	9055 NW 49TH PLACE		5.3 STREET ADDRESS	9055 NW 49th PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE		☐ DELETE	6.1 TITLE	D/S	☐ Change ☒ Addition
NAME			6.2 NAME	COVERT, KEVIN	
STREET ADDRESS			6.3 STREET ADDRESS	2153 NW 45th AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	

CR2E037 (10/97)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David L. Norris 5-7-98 954-474-4703