

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002845

FILED
Feb 01, 2006
Secretary of State

Entity Name: WAY OF LIFE WORSHIP AND ARTS MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

28945 SW 187TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1009 154 STREET NE
BRADENTON, FL 34212

New Mailing Address:

28945 SW 187TH AVENUE
HOMESTEAD, FL 33030

FEI Number: 59-3579348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, STEVEN
28945 SW 187TH AVENUE
HOMESTEAD, FL 33030 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: GONZALEZ, STEVEN
Address: 28945 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD () Delete
Name: GONZALEZ, ESTEBAN D
Address: 2009 NE 38TH RD
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: CAMACHO, HUGO
Address: 2009 NE 38TH RD
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: GONZALEZ, MICHELLE D
Address: 2009 NE 38TH RD
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: RUIZ, ANDRES
Address: 18250 SW 288TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: GONZALEZ, ELIZABETH S
Address: 28945 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GONZALEZ, ESTEBAN D
Address: 28945 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: TD (X) Change () Addition
Name: CAMACHO, HUGO
Address: 28945 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: SD (X) Change () Addition
Name: GONZALEZ, MICHELLE D
Address: 28945 SW 187TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

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 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: STEVEN GONZALEZ

PD

02/01/2006

Electronic Signature of Signing Officer or Director

Date