2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90066 044 ****70.00

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

Principal Place of Business	Mailing Address
28945 SW 187TH AVENUE HOMESTEAD, FL 33030	28945 SW 187TH AVENUE HOMESTEAD, FL 33030

400033131

04262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10527 Bastille Lane	PO BOX 22732
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32836 Country: USA	Zip: 32830 Country: USA

4. FEI Number: 59-3579348 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, STEVEN 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	Name: Gonzalez, Steven Street Address (P.O. Box Number is Not Acceptable): 10527 Bastille Ln. Apt. 104 City: Orlando FL Zip Code: 32836

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/1/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, STEVEN 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10527 Bastille Ln. Apt. 104 Orlando, FL 32836
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GONZALEZ, ESTEBAN D 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11850 Reedy Creek Dr. Apt. 209 Orlando, FL 32836
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAMACHO, HUGO 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GONZALEZ, MICHELLE D 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11850 Reedy Creek Dr, Apt. 209 Orlando, FL 32836
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ELIZABETH S 28945 SW 187TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10527 Bastille Ln. Apt. 104 Orlando, FL 32836
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/1/07 941-332-8279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #