

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07862

Entity Name: WAY OF LIFE ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**8900 NW 44TH ST.
SUNRISE, FL 33351**Current Mailing Address:**8900 NW 44TH ST.
SUNRISE, FL 33351 US**FEI Number: 59-2710705****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MORROW, ROB
8900 NW 44TH ST.
SUNRISE, FL 33351 US*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: ROB MORROW****02/08/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DEACON
Name	HERNANDEZ, RUBEN
Address	18864 SW 29TH COURT
City-State-Zip:	MIRAMAR FL 33029
Title	DEACON
Name	RUIZ, LUIS
Address	11821 NW 34TH PLACE
City-State-Zip:	SUNRISE FL 33323
Title	CHAIRMAN
Name	MORROW, ROB
Address	5924 NW 117TH DRIVE
City-State-Zip:	CORAL SPRINGS FL 33076
Title	SECRETARY
Name	HECK, JOSEPH
Address	1940 E OAK KNOLL CIRCLE
City-State-Zip:	DAVIE FL 33324

Title	TREASURER
Name	TRUJILLO, CHRIS
Address	12111 NW 30TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065
Title	DEACON
Name	KERR, ORVILLE
Address	9370 NW 36TH PLACE
City-State-Zip:	SUNRISE FL 33351
Title	DEACON
Name	BAXAM, ANDERSON
Address	8856 W MCNAB RD APT 301
City-State-Zip:	TAMARAC FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MORROW**PASTOR****02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date