

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07862

Entity Name: WAY OF LIFE ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**11810 NW 19TH STREET
PLANTATION, FL 33323**Current Mailing Address:**11810 NW 19TH STREET
PLANTATION, FL 33323**FEI Number:** 59-2710705**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TEDESCO, PAUL R
11810 NW 19TH ST
PLANTATION, FL 33323 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, CHAIRMAN, DIRECTOR
Name TEDESCO, PAUL R
Address 11810 NW 19TH STREET
City-State-Zip: PLANTATION FL 33323

Title DEACON, SECRETARY
Name REYES, LUIS M
Address 12668 SW 21ST ST
City-State-Zip: MIRAMAR FL 33027

Title DEACON
Name MONTOYA, GONZALO
Address 4913 SW 90TH AVE.
City-State-Zip: COOPER CITY FL 33328

Title DEACON
Name KERR, ORVILLE
Address 9370 NW 36TH PLACE
City-State-Zip: SUNRISE FL 33351

Title DEACON, TREASURER
Name TRUJILLO, CHRIS
Address 9390 NW 33RD MANOR
City-State-Zip: SUNRISE FL 33351

Title DEACON
Name MULET, JOSE (RICKY)
Address 9580 SW 8TH ST.
City-State-Zip: PEMBROKE PINES FL 33025

Title DEACON
Name PRAYTOR, DANNY
Address 604 COMMOODORE DR.
City-State-Zip: PLANTATION FL 33325

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: PAUL TEDESCO**PASTOR, CHAIRMAN,
DIRECTOR****04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date