

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000654

**Entity Name:** WELLS TEMPLE LIGHT OF LIFE PENTECOSTAL COGIC, INC.

**Current Principal Place of Business:**

380 NW 20 TERRACE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

PO BOX 667774  
POMPANO BEACH, FL 33066 US

**FEI Number:** 04-3688987

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELLS, PAUL SR.  
760 NW 17 STREET  
POMPANO BEACH, FL 33060 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 P  
Name WELLS, PAUL SR.  
Address 760 NW 17 STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title VP  
Name WELLS-MACK, JOYCE A  
Address P O BOX 667774  
City-State-Zip: POMPANO BEACH FL 33066

Title ELDER  
Name BANKS, WILLIAM JR.  
Address 651 NW 17 STREET  
City-State-Zip: POMPANO BEACH FL 33060

Title CHAIRMAN, 51%  
Name WELLS, CORNELIUS  
Address 2101 NW 2 STREET  
City-State-Zip: POMPANO BEACH FL 33069

Title A  
Name WELLS-SMITH, CAROLYN L  
Address 2414 NW 7 STREET  
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY  
Name WELLS, ETHEL P  
Address 760 NW 17 STREET  
City-State-Zip: POMPANO BEACH FL 33060

*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:** JOYCE A WELLS-MACK

**VICE PRESIDENT**

**05/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date