

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2005
Secretary of State**

DOCUMENT# 710055

Entity Name: WAY OF LIFE MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1571 N. SINGLETON AVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

Current Mailing Address:

1571 N. SINGLETON AVE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 05-0034404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMAN, LOUIE C
2105 TURPENTINE RD
MIMS, FL 32754 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: HUMAN, LOUIE C
Address: 2105 TURPENTINE RD
City-St-Zip: MIMS, FL

Title: VD () Delete
Name: RAINEY, RALPH W
Address: 3075 OLD DIXIE HWY
City-St-Zip: MIMS, FL

Title: D () Delete
Name: RAINEY, JEFFREY L
Address: 480 ARBOR RIDGE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: LOUIE C . HUMAN

SEC

01/12/2005

Electronic Signature of Signing Officer or Director

Date