

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710055

FILED  
Jan 08, 2006  
Secretary of State

**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: PD (X) Change ( ) Addition  
Name: HUMAN, LOUIE C  
Address: 2105 TURPENTINE RD  
City-St-Zip: MIMS, FL 32754

Title: VD (X) Change ( ) Addition  
Name: RAINEY, RALPH W  
Address: 3075 OLD DIXIE HWY  
City-St-Zip: MIMS, FL 32754

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 Chapter 119, 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

PD

01/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date