


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 710055 1. Entity Name WAY OF LIFE MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 1571 N. SINGLETON AVE TITUSVILLE, FL 32796 US	Mailing Address 1571 N. SINGLETON AVE TITUSVILLE, FL 32796 US
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01152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 05-0034404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUMAN, LOUIE C
 2105 TURPENTINE RD
 MIMS, FL 32754

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contributor. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMAN, LOUIE C 2105 TURPENTINE RD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAINEY, RALPH W 3075 OLD DIXIE HWY MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAINEY, JEFFREY L 480 ARBOR RIDGE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/07-80023-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louie C Human* 1/16/2007 1-321-269-0635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #