FILE NOW: FILING FEE IS $61.25

APPROVED
AND
FILED

97 JAN 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729481** **(2)**

1. Corporation Name

WORD OF LIFE CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
700 S. COURTENAY PKWY MERRITT ISL FL 32952	700 S. COURTENAY PKWY MERRITT ISL FL 32952-4912

3. Date Incorporated or Qualified: **04/23/1974**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **59-2159446** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOBSON, JIMMY L
657 IROQUOIS ST.
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ELROD, ROBERT W		1.2 NAME	ELROD, ROBERT W (T)	
STREET ADDRESS	978 NICKLAUS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CLENDINEN, CLAYTON		2.2 NAME	CLENDINEN, CLAYTON (T)	
STREET ADDRESS	3084 SUNSET CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WELCH, NICHOLAS C		3.2 NAME	WELCH, NICHOLAS C (T)	
STREET ADDRESS	480 OAKWOOD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DOBSON, JIMMY L		4.2 NAME	DOBSON, JIMMY L (D)	
STREET ADDRESS	657 IROQUOIS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	RENO, FREDERICK (T)	
STREET ADDRESS			5.3 STREET ADDRESS	130 MACAW LANE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jimmy L. Dobson Jimmy L. Dobson 1/22/97 407/453-4555
SIGNATURE OF DIRECTOR OR OFFICER (IF NOT SIGNING ABOVE) OR DIRECTOR Date Daytime Phone #