FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

WORD OF LIFE CHRISTIAN CHURCH, INC.

FILED May 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address					179574 78616 17915 7871 21207 12121 7137 97	511 \$1 5 11 \$1011 \$1511 \$11			
700 S. COURTENAY PKWY MERRITT ISL FL 32952 700 S. COURTENAY PKWY MERRITT ISL FL 32952				3. Date Incorporated or Qualified 04/23/1974 4. FEI Number	An	plied For			
					59-2159446	 	t Applicable		
2. Principal P	Principal Place of Business 2e. Mailing Address 26			· .	5. Certificate of Status Desired		Additional		
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be			
22 27				Trust Fund Contribution	Added to	Fees			
City & State				7. Is this nonprofit corporation a homeo		1?			
Zip	[28]		Country		☐ Yes ☑ No				
24 2ip	Country	Zip 30	¬ ´	,	 This corporation owes or has paid the Personal Property Tax due Jurie 30. 		angible No		
24]	9. Name and Address of Curren		<u>'</u>	-	10. Name and Address of New Registr		1100		
			81	Name					
DORSON	I YMMIL I		82	Stroot	Address (P.O. Box Number is Not Acceptable)				
DOBSON, JIMMY L 657 IROQUOIS ST.				3,100(1	(alcoholistics)				
	ISLAND FL 32952		83						
1			84	City		FL 85 Zip 0	Code		
11. Pursuant	to the provisions of Sections 617,050:	2 and 617.1508. Florida Statutes.	the abov	l e-named	corporation submits this statement for the purpo		s registered		
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 .		WOYE P				ATE			
12.	Signature, typed or printed name of registered age OFFICERS ANS		13.	eni Bignature	required when reinstating) D ADDITIONS/CHANGES TO OFFICERS		S IN 12		
TITLE	VDT	DELETE	1.1 TITLE		TD	☐ Change	Addition		
NAME	ELROD, ROBERT W		1.2 NAME		MONTECALVO, GARY D				
STREET ADDRESS	978 NICKLAUS DR.		1.3 STREET	ADDRESS	301 WESTCHESTER DR.				
CITY-ST-ZIP	ROCKLEDGE FL		. 1.4 CiTY-5	ST - ZIP	COCOA, FL				
TITLE	TD	☐ DELETE	2.1 TITLE		TD	Change	Addition		
NAME	CLENDINEN, CLAYTON		2.2 NAME		CAMPBELL, DAVID				
STREET ADDRESS	3064 SUNSET CT.	•	2.3 STREET	ADDRESS	3052 SKYLINE DR.				
CITY-ST-ZIP	ÇOCOA FL		2.4 CITY-	ST-ZIP	COCOA, FL				
TITLE			3.1 TITLE	j	TD	Change	Addition		
NAME	WELCH, NICHOLAS C		3.2 NAME	l	KREWSON, GEORGE				
STREET ADDRESS	480 OAKWOOD CT		3.3 STREET	ADDRESS	4515 TANGELO WAY				
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY-	ST-ZIP	COCOA, FL		1 4 4 000		
TITLE			4.1 TITLE			☐ Change	☐ Addition		
NAME	DOBSON, JIMMY L		4. 2 NAME						
STREET ADDRESS	657 IROQUOIS ST.		4.3 STREET	- 1					
CITY-ST-ZIP	MERRITT ISLAND FL	DELETE	4.4 CITY-5	ST-ZiP		☐ Change	☐ Addition		
TITLE	DT DENO FOEDERION	☐ DE LETE	5.1 TITLE			<u>ш</u> спанде	Addition		
NAME	RENO, FREDERICK		5.2 NAME	4000000					
STREET ADORESS	130 MACAW LANE			ADDRESS					
CITY-ST-ZIP TITLE	MERRITT ISLAND FL	☐ DELETE	5.4 CITY-5 6.1 TITLE	51-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition		
			6.2 NAME	İ		ondigo			
NAME OTRET ADDRESS				ADDRESS					
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			6.4 CITY - S) I - ZIP					

I 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 agoless.