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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729481**

1. Corporation Name
WORD OF LIFE CHRISTIAN CHURCH, INC.

* 460170 - 90136 - 33 *

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/23/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2159446 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ELROD, ROBERT W		1.2 NAME		
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		☐ Change ☐ Addition
NAME	CLENDINEN, CLAYTON		2.2 NAME		
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	PD	☒ Change ☐ Addition
NAME	WELCH, NICHOLAS C		3.2 NAME	WELCH, NICHOLAS C	
STREET ADDRESS	480 OAKWOOD CT		3.3 STREET ADDRESS	C/O 700 S COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOBSON, JIMMY L		4.2 NAME		
STREET ADDRESS	657 IROQUOIS ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RENO, FREDERICK		5.2 NAME		
STREET ADDRESS	130 MACAW LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MONTECALVO, GARY D		6.2 NAME		
STREET ADDRESS	301 WESTCHESTER DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 address, with all other like empowered.

SIGNATURE: Jimmy Dobson SIGNATURE REQUIRED 04/27/99 407/453-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #