

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90096 014 ****61.25

DOCUMENT # 729481

1. Entity Name

WORD OF LIFE CHRISTIAN CHURCH, INC.

Principal Place of Business

**700 S. COURTENAY PKWY
MERRITT ISL FL 32952**

Mailing Address

**700 S. COURTENAY PKWY
MERRITT ISL FL 32952-4912**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2159446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEICH, NICHOLAS C	
STREET ADDRESS	C/O 700 S COURTENAY PKWY	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLENDINEN, CLAYTON	
STREET ADDRESS	3084 SUNSET CT.	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELCH, NICHOLAS C	
STREET ADDRESS	480 OAKWOOD CT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOBSON, JIMMY L	
STREET ADDRESS	657 IROQUOIS ST.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RENO, FREDERICK	
STREET ADDRESS	130 MACAW LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONTECALVO, GARY D	
STREET ADDRESS	301 WESTCHESTER DR	
CITY-ST-ZIP	COCOA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1109 DUSKVIEW DR	
CITY-ST-ZIP	32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: _____

SIGNATURE REQUIRED
Jimmy L. Dobson
Jimmy L. Dobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR-25 2000
Date

(321) 453-4555
Daytime Phone #

CR2E037 (9/99)