

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761274

FILED
Feb 27, 2005
Secretary of State

Entity Name: WORDS OF LIFE FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

20001 NE 15TH CT.
N. MIAMI BEACH, FL 331792701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 630790
MIAMI, FL 33163

New Mailing Address:

FEI Number: 59-2169605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE (STANLEY L.)
15610 SW 12 ST
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, STANLEY L.,
Address: 15610 SW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: V () Delete
Name: MOORE, GERALDINE S.,
Address: 15610 SW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ST () Delete
Name: MOORE, DANIEL,
Address: 20311 N.E. 10TH CT.
City-St-Zip: N. MIAMI BEACH, FL

Title: TD () Delete
Name: MOORE, STANLEY L. JR.,
Address: 18414 NW 9TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: MOORE (RICHARD E.),
Address: 9642 RIDGESIDE CT.
City-St-Zip: DAVIE, FL 33328

Title: TD () Delete
Name: COSTEN (GLENN),
Address: 1231 N.E. 160TH STREET
City-St-Zip: N. MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C MOORE

ST

02/27/2005

Electronic Signature of Signing Officer or Director

_____ Date