

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762980

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** THE WORDS OF LIFE HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

191 ADAMS ST  
AUBURNDALE, FL 33823 US

**New Principal Place of Business:**

**Current Mailing Address:**

2417 EDWIN ST NE  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

**FEI Number:** 59-3094076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTH, WILLIAM D  
125 AVE B NW  
WINTER HAVEN, FL 33880 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: D ( ) Delete  
Name: BESS, MITCHELL SR  
Address: 121 SANDERLIN DRIVE NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete  
Name: SCARVERS, CATHERINE,  
Address: 2417 EDWIN ST. N.E.  
City-St-Zip: WINTER HAVEN, FL

Title: P ( ) Delete  
Name: SCARVERS, WILLIAM J  
Address: 2417 EDWIN ST NE  
City-St-Zip: WINTER HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SCARVERS,, CATHERINE  
Address: 2417 EDWIN ST. N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: P (X) Change ( ) Addition  
Name: SCARVERS, WILLIAM J  
Address: 2417 EDWIN ST NE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM SCARVERS JR

P

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date