

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763124 (5)

1. Corporation Name

WORD OF LIFE MINISTRIES AT JAX, INC.



Principal Place of Business

Mailing Address

**4673 HUNT STREET
P.O. BOX 43676
JACKSONVILLE FL 32203-0676**

**4673 HUNT STREET
P.O. BOX 43676
JACKSONVILLE FL 32203-0676**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1982

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3107254

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



10. Name and Address of New Registered Agent

**DORTCH, EVA F.
3844 BOLT AVENUE
JACKSONVILLE FL 32207**

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 officer 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NESMITH, CLIFFORD
4846 CHURCHILL DRIVE
JACKSONVILLE FL**

TITLE ☐ DELETE

**T
NESMITH, ANNIE BELL
4846 CHURCHILL DRIVE
JACKSONVILLE FL**

TITLE ☐ DELETE

**S
DORTCH, EVA F
3844 BOLT AVENUE
JACKSONVILLE FL**

TITLE ☐ DELETE

**D
NESMITH, CLIFFORD
4846 CHURCHILL DR.
JACKSONVILLE FL**

TITLE ☐ DELETE

**D
NESMITH, ANNIE BELLE
4846 CHURCHILL DR.
JACKSONVILLE FL**

TITLE ☐ DELETE

**D
NESMITH, CAROLE LYNN
2931 STONEMONT ST #23
JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Clifford Nesmith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96 (904) 388-6137
DATE Daytime Phone #

CR2E037 (12/95)