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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 763124

1. Corporation Name

WORD OF LIFE MINISTRIES AT JAX, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/05/1982

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

9. Name and Address of Current Registered Agent

DORTCH, EVA F.
3844 BOLT AVENUE
JACKSONVILLE FL 32207

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

Eva F. Dortch

Eva F. Dortch

(Secretary)

3-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME NESMITH, CLIFFORD
STREET ADDRESS 4846 CHURCHILL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ DELETE
NAME NESMITH, ANNIE BELL
STREET ADDRESS 4846 CHURCHILL DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE
NAME DORTCH, EVA F
STREET ADDRESS 3844 BOLT AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME NESMITH, CLIFFORD
STREET ADDRESS 4846 CHURCHILL DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME NESMITH, ANNIE BELLE
STREET ADDRESS 4846 CHURCHILL DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME NESMITH, CAROLE LYNN
STREET ADDRESS 2931 STONEMONT ST #23
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: * *Clifford Nesmith* SIGNATURE REQUIRED *Clifford Nesmith* 3/18/99 (904) 388-6737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)