

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 763124

1. Entity 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**



03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3107254

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000494134
04/20/06-80034-003 70.00

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Clifford Nesmith Clifford Nesmith 4-3-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #