2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2009
Secretary of State

DOCUMENT# 763124

Entity Name: WORD OF LIFE MINISTRIES AT JAX, INC.

Current Principal Place of Business:

4673 HUNT STREET
JACKSONVILLE, FL 322030676

New Principal Place of Business:

Current Mailing Address:

4673 HUNT STREET
PO BOX 43676
JACKSONVILLE, FL 322030676

New Mailing Address:

FEI Number: 59-3107254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DORTCH, EVA F.
3844 BOLT AVENUE
JACKSONVILLE, FL 32207 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: NESMITH, CLIFFORD
Address: 4846 CHURCHILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: NESMITH, ANNIE BELL
Address: 4846 CHURCHILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: DORTCH, EVA F
Address: 3844 BOLT AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: NESMITH, CLIFFORD
Address: 4846 CHURCHILL DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: NESMITH, ANNIE BELLE
Address: 4846 CHURCHILL DR.
City-St-Zip: JACKSONVILLE, FL 32208

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:

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: ANNIE B . NESMITH T 05/23/2009
Electronic Signature of Signing Officer or Director — Date