

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

1996 22196 B-1395 DIVISION OF CORPORATIONS C

DOCUMENT # 763600 (4)

1. Corporation Name

WORD OF LIFE CHRISTIAN CENTER OF PALM BEACH COUNTY, INCORPORATED

Principal Place of Business

1233 45TH STREET  
BLDG C  
W. PALM BEACH FL 33407-9160  
US

Mailing Address

1233 45TH STREET BLDG  
P.O. BOX 12907  
W. PALM BEACH FL 33407-9160  
US



3. Date Incorporated or Qualified  
06/08/1982

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1233 45th Street, Bldg.C

4. FEI Number  
59-2196329

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 ☐ Yes ☐ No

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State  
West Palm Beach, FL

24 Zip Country

29 33407-9160 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEYS, PATRICIA  
1324 W 33RD STREET  
RIVIERA BEACH FL 33404

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME BUTDORF, DONALD E  
STREET ADDRESS 11170 THYME DR  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VD  
NAME MOSES, SAMMIE L  
STREET ADDRESS 1316 W 36TH ST  
CITY-ST-ZIP RIVIERA BEACH FL ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE SD  
NAME KEYS, PATRICIA A.  
STREET ADDRESS 1324 W. 33RD STREET  
CITY-ST-ZIP RIVIERA BEACH FL ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE VD  
NAME BUTDORF, CAROL  
STREET ADDRESS 11170 THYME DR  
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Donald E. Butdorf, PTD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15, 1996 (407) 624-0011

Date

Daytime Phone #

CR2E037 (12/95)