

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763600** (4)

1. Corporation Name

**WORD OF LIFE CHRISTIAN CENTER OF PALM BEACH COUNTY, INCORPORATED**

Principal Place of Business

Mailing Address

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

1233 45TH ST. BLDG C  
W. PALM BEACH FL 33407-2160  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/06/1982</b>		3a. Date of Last Report <b>02/21/1996</b>	
21 Suite, Apt. #, etc.		26 11170 Thyme Dr.		4. FEI Number <b>59-2196329</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Palm Beach Gardens, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 33418		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Carol Butdorf**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11170 Thyme Dr.**  
83 City  
**Palm Beach Gardens**  
84 State **FL** 85 Zip **33418**

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 **Carol Butdorf, SD**

*Carol Butdorf*

04/11/97

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTDORF, DONALD E		1.2 NAME	BUTDORF, DONALD E	
STREET ADDRESS	11170 THYME DR		1.3 STREET ADDRESS	11170 THYME DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD	
NAME	MOSES, SAMMIE L		2.2 NAME	BUTDORF, CAROL L	
STREET ADDRESS	1316 W 33RD ST		2.3 STREET ADDRESS	11170 THYME DR	
CITY-ST-ZIP	RIVERA BEACH FL		2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	KEYS, PATRICIA A.		3.2 NAME		
STREET ADDRESS	1324 W. 33RD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTDORF, CAROL		4.2 NAME	BUTDORF, KENNETH A	
STREET ADDRESS	11170 THYME DR		4.3 STREET ADDRESS	2540 LONE PINE RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Donald E. Butdorf* DONALD E. Butdorf 04/11/97 (561) 624-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040483

CR2E037 (9/96)