## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

## Mar 12 1998 8:00am Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 763600

WORD OF LIFE CHRISTIAN CENTER OF PALM BEACH COUN TY, INCORPORATED																		
Principal Place of Business					Mailing Address									T 196114 FACIA OLIAN 19110 OLIA ČŪJA 90	<b>     </b>			
1233 45TH STREET BLDG C W. PALM BEACH FL 33407-9160 US				PAI	11170 THYME DR PALM BEACH GARDENS FL 33418 US						-		Date Incorporated or Qualified 06/08/1982 FEI Number 59-2196329			_	plied For	
2. Principal Place of Business						2a. Malling Address						-				\$8.		Additional
21 11170 Thyme Drive						26							ъ.	Certificate of Status Desired	<u> </u>			quired
Suite, Apt. #, etc.					Suite, Apt. #, etc.								6.	Election Campaign Financing				May Be
Palm Beach Gardens FL City & State						City & State						_	7.	Trust Fund Contribution  Is this nonprofit corporation a hon				Fees
23 33418						28							••		Yes K		Diatio	"
Zip	]			<u>S</u> Ā		<b>Z</b> ip	<del></del>	——————————————————————————————————————	Count	ry	-		8.	This corporation owes or has paid				
24			alm Be			tarad A	and .	30				Щ.	10	Personal Property Tax due June 3  Name and Address of New Reg		Yes	<u> </u>	No
	y. Maine	arki M	daless of C	Juireili	i negis	ISIGO A	(gent		8	1	Name		10.	Mame and Address of New Meg	isteled /	<b>vge</b> nt		
BUTTOOR	OE CAROL									⊥.								
BUTDORF, CAROL 11170 THYME DR									82 Street Ad			adress	\$ (P.	P.O. Box Number is Not Acceptable	<del>)</del>			
PALM BEACH GARDENS FL 33418									8	3					• • • • • • • • • • • • • • • • • • • •			
									8	4	City					85	Žip (	Code
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office or r	egistered ag	ent, or	both, in the	State	of Floric	la. Suci	h change w	as autho	rized t	by t	the corpo	orpora ration's	's b	n submits this statement for the pu poard of directors. I hereby accept	the appo	ointme	nt as	registered
	ım tamıllar wit	n, and	accept the	obliga	itions of	, Sectio	n 617.0503,	, Horida	Statute	<b>8</b> 5.								-
SIGNATURE .	Signature, typed	or printe	d name of registe	ered ager	nt and title	il applicat	l) sk	NOTE: Reg	istered A	gent	t algnature re	quired w	when	reinstating)	DATE			
12.			OFFICER	RS AND	DIREC	TORS	1 051555		13.	_			Α	ADDITIONS/CHANGES TO OFFICE	RS AND			
TITLE	PD	e 60	WW 5 E				☐ DELETE	•	1.1 TITLE							∐ Cha	ange	☐ Addition
NAME						Ī				1.2 NAME								
STREET ADDRESS	BALLS BELOW ASSESSED OF					33418				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP								
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STREET ADDRESS									2.3 STREET ADDRESS									
CITY-ST-ZIP						33410				2.4 CITY-ST-ZIP								1
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NAME	BUTDOR	F, CA	ROL					1	3.2 NAME		1							
STREET ADDRESS	11170 TI					_			3.3 STREE	ET AC	DDRESS							
CITY-ST-ZIP	PALM BE	ACH	GARDENS	FL '	<u> 334,</u>	18	T 05: 575		3.4. CITY		- ZIP					<b>-</b>		
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CITY-ST-ZIP									6.4 CITY-	ST-Z	ZIP							

14. Thereby 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.

February 28 1000 (EC1) co.

**FILED**