## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Mar 01, 2006 8:00 am **DOCUMENT # 766256 Secretary of State** 1. Entity Name 03-01-2006 90030 003 \*\*\*\*61.25 WORD OF LIFE CHURCH OF APOPKA, INC. Mailing Address Principal Place of Business 1853 VICK RD. 1853 VICK RD. APOPKA FL 32712 APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2246799 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORGAN, DARRELL Street Address (P.O. Pop Mumber is Not Acceptable) . 5306 EFFIE LANE APOPKA FL 32712 City Zip Code 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete MORGAN, DARRELL NAME 26746 Lost Lake Dr. Paisley FL 32767 5306 EFFIE DRIVE STREET ADDRESS STREET ADDRESS APOPKA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MAY, BETTY NAME NAME 1606 ALLAMANDA STREET STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME MORGAN, LISA 26746 Lost Lake Dr. Paisley, FL 22767 STREET ADDRESS STREET ADDRESS 5306 EFFIE DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKE FL 32712 Change TITLE ☐ Delete TITLE ☐ Addition ANDERSON, KEVIN NAME NAME 3959 KOCK Hill 600P Apogka, FL 329/2 STREET ADDRESS STREET ADDRESS 10418 SPARKLE CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITI F ☐ Addition TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trusted 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

2/20/06 407-886-7427