## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2007 8:00 am Secretary of State

DOCUMENT # 766256  1. Entity Name WORD OF LIFE CHURCH OF APOPKA, INC.						7 90042 003 ****	61.25	
Principal Plac 1853 VICK R APOPKA, FL	D.	Mailing Address 1853 VICK RD. APOPKA, FL 32712	<u> </u>	300	/ <b>1</b> 1 0 ~ 1			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	·	01292007				
					Chg-NP	CR2E037 (12/06)		
City & Stat	е	City & State		4. FEi Number 59-22467	99	<b>⊢</b>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New I	Registered Agent		
MORGAN.	, DARRELL		Name					
MORGAN, DARRELL 5 <del>306 EFFIE LANE</del> A <del>POPKA, FL 32712</del>			Street Add	Street Address (P.O. Box Number is Not Acceptable)  210146 Lost Lake Dr.				
					- <u></u> -			
			City P	aisley		FL Zip Cod	967 167	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its reg			in the State of Fl			
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable. (NOTE: Reg	gistered Agent signature	required when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE: Reg 9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be		DATE  Alake check payable trida Department of S		
SIGNATURE	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Fio	lake check payable t	tate	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campai Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees	Fio	lake check payable trida Department of S	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI PD MORGAN, DARRELL 26746 LOST LAKE DR	Election Campai     Trust Fund Cont RECTORS	ign Financing ribution.  11, TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fio	flake check payable trida Department of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filling Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI  PD  MORGAN, DARRELL 26746 LOST LAKE DR PAISLEY, FL 32767  D  MAY, BETTY 1606 ALLAMANDA STREET	9. Election Campai Trust Fund Cont RECTORS	ign Financing ribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fio	flake check peyable trida Department of S  RS AND DIRECTORS IN	tate I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filling Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI  PD  MORGAN, DARRELL 26746 LOST LAKE DR PAISLEY, FL 32767  D  MAY, BETTY 1606 ALLAMANDA STREET APOPKA, FL 32712  VT  MORGAN, LISA 26746 LOST LAKE DR	9. Election Campai Trust Fund Cont  RECTORS  Delete	ign Financing ribution.	\$5.00 May Be Added to Fees	GES TO OFFICE	Make check payable trida Department of S  ERS AND DIRECTORS IN  Change  Change	I 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2007  OFFICERS AND DI  PD  MORGAN, DARRELL 26746 LOST LAKE DR PAISLEY, FL 32767  D  MAY, BETTY 1606 ALLAMANDA STREET APOPKA, FL 32712  VT  MORGAN, LISA 26746 LOST LAKE DR PAISLEY, FL 32767  SD  ANDERSON, KEVIN 3959 KOCK HILL LOOP	9. Election Campai Trust Fund Cont  RECTORS  Delete  Delete	ign Financing ribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHAN	GES TO OFFICE	Make check payable trida Department of S  ERS AND DIRECTORS IN  Change  Change	I 10 Addition Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STOLATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200 Daytime Phone #