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Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001545 (0)

1. Corporation Name

WORD OF FAITH CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business

23750 ELMIRA, SUITE 201  
REDFORD MI 48239

Mailing Address

23750 ELMIRA, SUITE 201  
REDFORD MI 48239-14053. Date Incorporated or Qualified  
03/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 23800 W. CHICAGO,

Suite, Apt. #, etc.

22 SUITE A

City &amp; State

23 REDFORD, MI.

Zip

24 48239

Country

25 USA

2a. Mailing Address

26 2380 W. CHICAGO,

Suite, Apt. #, etc.

27 SUITE A

City &amp; State

28 REDFORD, MI.

Zip

29 48239

Country

30 USA

4. FEI Number  
38-2253942Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, GEORGE L  
7500 MERRILL RD.  
JACKSONVILLE FL 32211

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE  
NAME BUTLER, KEITH A  
STREET ADDRESS 23800 W. CHICAGO  
CITY-ST-ZIP REDFORD MI 48239TITLE VD ☐ DELETE  
NAME BUTLER, DEBORAH L  
STREET ADDRESS 23800 W. CHICAGO  
CITY-ST-ZIP REDFORD MI 48239TITLE STD ☐ DELETE  
NAME JACKSON, BURLEE JR  
STREET ADDRESS 23750 ELMIRA, SUITE 201  
CITY-ST-ZIP REDFORD MI 48239TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 23800 W. CHICAGO, SUITE A  
3.4 CITY-ST-ZIP REDFORD, MI. 482394.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 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: *Burlee Jackson, Jr.* 3/3/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075956

CR2E037 (9/96)