SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 [IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $224.25].

FILED
99 SEP 10 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001545

1. Corporation Name
Word of Faith Christian Center Church, Inc.

Principal Place of Business	Mailing Address
23750 Elmira, Suite 201 Redford, MI 48239	23750 Elmira, Ste 201 Redford, MI 48239

2. Principal Place of Business
21 20000 W. Nine Mile
22 Suite, Apt. #, etc.
23 Southfield, MI
24 Zip 48075 25 Country OaKland

2a. Mailing Address
26 20000 W. Nine Mile
27 Suite, Apt. #, etc.
28 Southfield, MI
29 Zip 48075 30 Country USA

3. Date Incorporated or Qualified: March 26, 1996

4. FEI Number: 38-2253942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, GEORGE L
7500 MERRILL RD
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent
81 Name: Andrene M. Monk
82 Street Address (P.O. Box Number is Not Acceptable): 18513 Ringard Dr.
83
84 City: LUTZ FL 85 Zip Code: 33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0505, Florida Statutes.

SIGNATURE: ANDRENE M. MONK Andrene M. Monk 8/31/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President — Director Keith A. Butler 20000 W. Nine Mile Rd Southfield, MI 48075 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President — Director Deborah L. Butler 20000 W. Nine Mile Rd Southfield, MI 48075 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary — Director Burlee Jackson, Jr. 20000 W. Nine Mile Rd Southfield, MI 48075 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Director Burlee Jackson, Jr. 20000 W. Nine mile Rd. Southfield, MI 48075 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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*****61.25 *****61.25

14. I 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, with all other like empowered.

KE

SIGNATURE: Burlee Jackson BURLEE JACKSON, JR. 8/27/99 (248) 223-0166
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #