

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N00000005651

1. Entity Name
WORD OF LIFE CHANGING MINISTRIES, INC.



Principal Place of Business
**305 W 2ND. ST.
MINI MALL
LAKELAND, FL 33805**

Mailing Address
**305 W. 2ND. ST.
LAKELAND, FL 33810-3380**



03242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3679783

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**BURNEY, RUDOLPH V
305 W. 2ND. ST.
LAKELAND, FL 33805**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
BURNEY, RUDOLPH V
STREET ADDRESS
305 W. 2ND. ST.
CITY-ST-ZIP
LAKELAND, FL 33805

TITLE
AD
NAME
BURNEY, JOYCE S
STREET ADDRESS
305 W. 2ND ST.
CITY-ST-ZIP
LAKELAND, FL 33805

TITLE
T
NAME
MORRIS, VIVIEN
STREET ADDRESS
207 W 1ST ST
CITY-ST-ZIP
LAKELAND, FL 33805

TITLE
T
NAME
MUNSON, JOYCE
STREET ADDRESS
1503 N WEBSTER
CITY-ST-ZIP
LAKELAND, FL 33805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/05/07-80023-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce S. Burney AD
3/26/07 - 863-6879601