

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2006  
Secretary of State**

DOCUMENT# N01000000440

Entity Name: WORD OF LIFE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

2424 ORCHARD STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 26467  
JACKSONVILLE, FL 322266467

**New Mailing Address:**

FEI Number: 59-3700225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRIX, RODERICK L  
810 TORTOISE WAY  
JACKSONVILLE, FL 32218      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: HENDRIX, CHARLENE G  
Address: 810 TORTOISE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: NESMITH, DARRYL D  
Address: 9042 7TH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: P      ( ) Delete  
Name: HENDRIX, RODERICK L  
Address: 810 TORTOISE WAY  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE G. HENDRIX

ST

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date