## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002414

City-St-Zip:

DELRAY BEACH, FL 33445

FILED Apr 28, 2009 Secretary of State

Entity Name: WORLD HEALING AND LIFE-TRANSFORMING CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

548 DAVIS ROAD
DELRAY BEACH, FL 33445
548 S.E. DAVIS ROAD
DELRAY BEACH, FL 33445
DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

6406 PINESTEAD DRIVE 191 S.E. 27TH PLACE

1822 BOYNTON BEACH, FL 33435 LAKE WORTH, FL 33463

FEI Number: 65-1108076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BEAUPLAN, SMITH B PRES
6406 PINESTEAD DRIVE APT.#1822
BEAUPLAN, SMITH B PRES
191 S.E. 27TH PLACE

LAKE WORTH, FL 33463 US BOYNTON BEACH, FL 33435 US

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: SMITH BEAUPLAN 04/28/2009

Electronic Signature of Registered Agent Date

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

City-St-Zip:

 Title:
 PRES
 ( ) Delete
 Title:
 PRES
 ( X) Change ( ) Addition

 Name:
 BEAUPLAN, SMITH B PRES
 Name:
 BEAUPLAN, SMITH B PRES

 Address:
 6406 PINESTEAD DRIVE APT. #1822
 Address:
 191 S.E.27TH PLACE

City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP ( ) Delete Title: ( ) Change ( ) Addition
Name: RAPHAEL, ALPHONCIA B VP Name:
Address: 548 SE DAVIS ROAD Address:

I hereby certify that the information supplied with this filing does not qualify 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: SMITH BEAUPLAN PRES 04/28/2009