

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000005870

1. Entity Name
WORLD LIFE LINE MINISTRIES, INC.



Principal Place of Business
5504 ALHAMBRA DR.
ORLANDO, FL 32808

Mailing Address
5504 ALHAMBRA DR.
ORLANDO, FL 32808

FILED
Apr 20, 2006 08:00 AM
Secretary of State



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 37-1435980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, RILEY H DR.
5504 ALHAMBRA DR
ORLANDO, FL 32808

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6. 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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, RILEY H DR. 5504 ALHAMBRA DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, MERLENE A R.N. 5504 ALHAMBRA DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, FREDERICK A PASTOR 2451 CRICKETWOOD CT. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, ORVIL 112 LEON CT. FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80123-020 61.25

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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 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

4/17/06 407-293-0027
Date Daytime Phone #