

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005870

1. Entity Name
WORLD LIFE LINE MINISTRIES, INC.



FILED
Apr 23, 2007 08:00 AM
Secretary of State

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

Mailing Address
**5504 ALHAMBRA DR.
ORLANDO, FL 32808**



04122007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1435980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**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 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	

**DO NOT WRITE
IN THIS SPACE**

U000000724523
05/02/07-80115-008 61.25

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

Riley H. Nelson
Riley H. Nelson

4/26/07
Date

407-293-0007
Daytime Phone #