

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005870

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WORLD LIFE LINE MINISTRIES, INC.

## Current Principal Place of Business:

5504 ALHAMBRA DR.  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

5504 ALHAMBRA DR.  
ORLANDO, FL 32808

## New Mailing Address:

FEI Number: 37-1435980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NELSON, RILEY H DR.  
5504 ALHAMBRA DR  
ORLANDO, FL 32808 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: P ( ) Delete  
Name: NELSON, RILEY H DR.  
Address: 5504 ALHAMBRA DR  
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete  
Name: NELSON, MERLENE A R.N.  
Address: 5504 ALHAMBRA DR.  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: WHITE, FREDERICK A PASTOR  
Address: 2451 CRICKETWOOD CT.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: CLAYTON, ORVIL  
Address: 112 LEON CT.  
City-St-Zip: FERN PARK, FL 32730

## 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:

Title: D (X) Change ( ) Addition  
Name: CLAYTON, ORVIL SOC.WKR  
Address: 112 LEON CT.  
City-St-Zip: FERN PARK, FL 32730

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: RILEY H. NELSON

DIR.

04/15/2009

Electronic Signature of Signing Officer or Director

Date