

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

**FILED  
Mar 24, 2006  
Secretary of State**

DOCUMENT# N01000007679

Entity Name: WORDS OF LIFE MINISTRIES TABERNACLE, INC.

**Current Principal Place of Business:**

825 E. ALTAMONTE DR.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

2185 GLENLOCK DRIVE  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 59-3754904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYNES, SANDRA K  
2185 GLENLOCK DRIVE  
DELTONA, FL 32725 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: D ( ) Delete  
Name: HAYNES, SANDRA K  
Address: 2185 GLENLOCK DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: HAYNES, CHARLES W  
Address: 2185 GLENLOCK DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: HAYNES, JOSHUA C  
Address: 2185 GLENLOCK DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: ARNOLDS, LORAINÉ  
Address: 5078 OUTTERS DEN TRAIL  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: BRINSON, NORRIS  
Address: 3706 W JEFFERSON ST  
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete  
Name: COLLIER, TONY  
Address: 4950 LUAN DRIVE  
City-St-Zip: ORLANDO, FL 32808

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

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

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

Title: D (X) Change ( ) Addition  
Name: HAYNES, EZRA R  
Address: 2185 GLENLOCK DRIVE  
City-St-Zip: DELTONA, FL 32725

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

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

Title: D (X) Change ( ) Addition  
Name: COLLIER, TONY  
Address: 3907 LAKESIDE RESERVE  
City-St-Zip: ORLANDO, FL 32810

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: SANDRA KAY HAYNES

D

03/24/2006

Electronic Signature of Signing Officer or Director

Date