

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007679

FILED  
Apr 28, 2011  
Secretary of State

**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  
Name: HAYNES, SANDRA K  
Address: 2185 GLENLOCK DRIVE  
City-St-Zip: DELTONA, FL 32725

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

Title: D  
Name: ARNOLD, LORRAINE W  
Address: 5078 OUTERDEN TRAIL  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: FOSTER, SALLIE  
Address: 316 OLD ENGLAND LOOP  
City-St-Zip: SANFORD, FL 32771

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

Title: D  
Name: BUCKNER, DWANNA R  
Address: 956 WILLOW GROVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: SANDRA K HAYNES

PAST

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date