

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90106 028 \*\*\*\*70.00

**DOCUMENT # N02000000378**

1. Entity Name

**WORD OF LIFE KINGDOM CHURCH, INC.**



Principal Place of Business

PO BOX 120614  
FT. LAUDERDALE FL 33312

Mailing Address

PO BOX 120614  
FT. LAUDERDALE FL 33312

2. Principal Place of Business

9140 Cypress Creek Rd  
Suite, Apt. #, etc.

3. Mailing Address

1010 SEMINOLE DR  
Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

FORT LAUDERDALE FL

Zip  
33334

Country  
USA

Zip  
33304-3219

Country  
USA

4. FEI Number

043593099

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRYSON, ROSETTA R  
5399 PINE TERRACE  
PLANTATION FL 33317-1318**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BRYSON, ROSETTA R**  
STREET ADDRESS **5399 PINE TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33317-1318**

TITLE **D** ☐ Delete  
NAME **PHILLIPS, LONDON**  
STREET ADDRESS **5399 PINE TERRACE**  
CITY-ST-ZIP **PLANTATION FL 33317-1318**

TITLE **D** ☐ Delete  
NAME **TALMADGE, ROBIN**  
STREET ADDRESS **1857 S GEORGE MASON DR**  
CITY-ST-ZIP **ARLINGTON VA 22204-3345**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**

August 14, 2003 229-9045

CR2E037 (4/03)