


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 023 ****61.25

DOCUMENT # N02000003484					
1. Entity Name WORD OF LIFE CHRISTIAN MINISTRIES, INC.					
Principal Place of Business 7300 CAMINO REAL #236 BOCA RATON, FL 33433			Mailing Address 7300 CAMINO REAL #236 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08292007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 35-2168432	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LODATO, JOHN 20654 NW 26 AVE BOCA RATON, FL 33434			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD NAME LODATO, JOAN STREET ADDRESS 20654 NW 26 AVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete				
TITLE D NAME HENDRIX, GEORGE STREET ADDRESS 12131 NW 2 DR CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete				
TITLE TD NAME LODATO, CHARLES STREET ADDRESS 20654 NW 26 AVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> 8/24/07 361-699-0393 </div>					