


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

04-21-2003 91220 013 ****61.25

DOCUMENT # <i>N02000003484</i>	
1. Entity Name Word Of Life Christian Ministries Inc.	

55040595

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7300 Camino Real Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
#236 City & State Boca Raton, Fl.		City & State	
Zip 33433	Country USA	Zip	Country

4. FEI Number 35-2168432	Applied For Not Applicable
------------------------------------	--------------------------------------

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name <i>John Lodato</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>20654 NW 26 Av.</i>	
City <i>Boca Raton</i>	Zip Code <i>FL 33434</i>

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** _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Secretary D Joan Lodato 20654 NW 26 Av. D Boca Raton, Fl. 33434 D</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Director D George Hendrix 12131 NW 2 Dr. D Coral Springs, Fl. 33071 D</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Treasurer D Charles Lodato D 20654 NW 26 Av. D Boca Raton, Fl. 33434 D</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE 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)(i), 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 on an attachment with an address, with all other information empowered.

SIGNATURE: <i>JOAN LODATO</i>	4/18/03	561-716-2566
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E037B (12/02)