2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

04 DEC -2 PM 12:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N03000000896

1. Entity Name

WORD OF LIFE CENTER OF FLORIDA, INC.

REINSTATEMENT

3/4/04 90556 041 66.25

Principal Place of Business	Mailing Address
1500 N. CONGRESS AVE B40 WEST PALM BEACH FL 33401 US	1500 N. CONGRESS AVE B40 WEST PALM BEACH FL 33401 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
770 South Military tr Suite, Apt. #, etc. M	5346 Bonky Court Suite, Apt. #, etc.
City & State: West Palm Beach Zip: Fl. 33415 Country: USA	City & State: W.P. Beach Zip: Fl. 33415 Country: USA

4. FEI Number 51-0442752 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES, SOREL
1500 N. CONGRESS AVE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Charles Sorel

Street Address (P.O. Box Number is Not Acceptable): 5346 Bonky Court

City: West Palm Beach FL Zip Code: 33415

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.

000043173500
12/03/04--01045--008 **178.75

SIGNATURE: Charles Sorel Charles 11-30-04

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
Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition V. Adeline Charles 5346 Bonky Court WPB, Fl. 33415 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition S. Andris Joseph 1500 N. Congress Avenue WPB, Fl. 33401 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition T. Volcy Prosper 1500 N. Congress Avenue WPB, Fl. 33401 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition C. Dave W. Charles 5346 Bonky Court W.PB. FL 33415.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition M. Joseph D. Fils Aime 2100 N. Australian Avenue WPB Fl. 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD- Rev. Charles Sorel 5346 Bonky Court WPB, Fl. 33415

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Charles Sorel 11-30-04 (561) 762-9325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #