


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90196 008 \*\*\*\*66.25

<b>DOCUMENT #</b> N03000000836	
<b>1. Entity Name</b> WORD OF LIFE CENTER OF FLORIDA, INC.	

<b>Principal Place of Business</b> 1500 N. CONGRESS AVE B40 WEST PALM BEACH FL 334015 US	<b>Mailing Address</b> 1500 N. CONGRESS AVE B40 WEST PALM BEACH FL 334015 US
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<b>2. Principal Place of Business</b> 129 Jog Rd Suite, Apt. #, etc.	<b>3. Mailing Address</b> 129 Jog Rd. Suite, Apt. #, etc.
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<b>City &amp; State</b> West Palm Beach, FL	<b>City &amp; State</b> West Palm Beach
<b>Zip</b> 33415	<b>Country</b> USA

<b>4. FEI Number</b>	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CHARLES, SOREL 1500 N. CONGRESS AVE WEST PALM BEACH FL 33401
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Adeline Charles 5346 Bonky Ct. WPB, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joseph Andris 1500 N. Congress Ave. WPB, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Volcy Prosper 1500 N. Congress Ave. WPB, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Dave Charles 5346 Bonky Ct. WPB, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Fils Aime Joseph, D 2100 N. Australian Ave WPB, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Sorel Charles 5346 Bonky Ct. WPB, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Sorel Charles *S Charles* **5/1/08** **561 962-9325**

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