2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N03000002211

Entity Name: WORD OF LIFE INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

681 IMPERIAL LAKE RD.
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18055
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 41-2085462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HINKLE, RONALD C
681 IMPERIAL LAKE RD.
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HINKLE, RONALD C
Address: 681 IMPERIAL LAKE RD.
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VD ( ) Delete
Name: QUEEN, HINKLE
Address: 681 IMPERIAL LAKE RD.
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete
Name: OLIVER, LORRAINE
Address: 5156 PAT PLACE
City-St-Zip: WEST PALM BEACH, FL 33404

Title: D ( ) Delete
Name: ROSS, VERNA
Address: 5123 CLUB RD.
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD C. HINKLE PD 01/24/2008

Electronic Signature of Signing Officer or Director — Date