

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002783

FILED
Apr 20, 2004
Secretary of State

Entity Name: WORD OF LIFE CENTERS, INTERNATIONAL, INC.

Current Principal Place of Business:

1024 MAIN STREET
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1024 MAIN STREET
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 56-2337581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, VIVIAN
1024 MAIN STREET
TITUSVILLE, FL 32796

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: D () Delete
Name: SMITH, EUCLID
Address: 1665 KIMBERLEY AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: SMITH, GARLAND
Address: 932 KENNILWORTH AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: BELL, JR., JAMES
Address: P.O. BOX 153
City-St-Zip: MIMS, FL 32754

Title: P () Delete
Name: THOMAS, VIVIAN
Address: 1660 RICE AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: MOSS, ERIC
Address: 119 SOUTH BROWN AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: MOSS, JAMAL
Address: 1024 MAIN STREET
City-St-Zip: TITUSVILLE, FL 32796

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:

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 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 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: VIVIAN THOMAS

P

04/20/2004

Electronic Signature of Signing Officer or Director

Date