


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

09-14-2005 90001 035 \*\*\*\*70.00

<b>DOCUMENT # N03000002783</b>	
1. Entity Name WORD OF LIFE CENTERS, INTERNATIONAL, INC.	

Principal Place of Business 1024 MAIN STREET TITUSVILLE, FL 32796	Mailing Address 1024 MAIN STREET TITUSVILLE, FL 32796
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50066716

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09022005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  THOMAS, VIVIAN 1024 MAIN STREET TITUSVILLE, FL 32796
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Vivian Thomas</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>V.T.</i> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EUCLID 1665 KIMBERLEY AVENUE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GARLAND 932 KENNILWORTH AVENUE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JR., JAMES P.O. BOX 153 MIMS, FL 32754 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, VIVIAN 1660 RICE AVENUE TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSS, ERIC 119 SOUTH BROWN AVENUE TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, JAMAL 1024 MAIN STREET TITUSVILLE, FL 32796 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, JAMAL 1053 SOUTH PARK AVE TITUSVILLE, FLORIDA 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RICHARD 915 SOUTH PARK AVENUE TITUSVILLE, FLORIDA 32280 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, ERIC 1630 WEST COURT TITUSVILLE, FLORIDA 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, EUGENE 1660 RICE AVENUE TITUSVILLE, FLORIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, KEVIN 101024 Main St TITUSVILLE, FLORIDA 32754 <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.	
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SIGNATURE: <i>Vivian Thomas</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>9/10/05</i>	Daytime Phone # <i>321 205-3112</i>
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