2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000002783

FILED Oct 11, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1024 MAIN STREET TITUSVILLE, FL 32796 **Current Mailing Address: New Mailing Address:** 1024 MAIN STREET TITUSVILLE, FL 32796 FEI Number: 56-2337581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, VIVIAN 1024 MAIN STREET TITUSVILLE, FL 32796 US 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: VIVIAN THOMAS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOSS, JAMAL Name: Name: 1053 SOUTH PARK AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KELLY, RICHARD Name: Address: 915 SOUTH PARK AVENUE APT 30 Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOSS, ERIC Name: MOSS, ERIC Name: 1630 WEST COURT Address: Address: 4499 ASHLEY DR. City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change () Addition Name: THOMAS, VIVIAN Name: 1660 RICE AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, EUGENE Name: Name: 1660 RICE AVENUE Address: Address: City-St-Zip: TITUSVILLE, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MILDRED, GRANT MITCHELL, KEVIN Name: Name: Address: 1024 MAIN STREET Address: 1024 MAIN STREET TITUSVILLE, FL 32754 TITUSVILLE, FL 32796 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VIVIAN THOMAS P 10/11/2006