

USPMD-16536293054

CK - #1007

**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # N03000002783		
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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 23 AM 10:09

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02/11/09--01005--023 **297.50

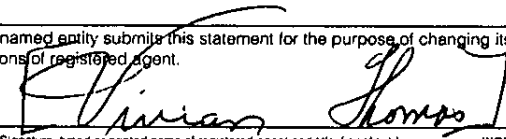


10272008 REIN-NP CR2E099 (1/07)

4. FEI Number 56-2337581	Applied For ☐ Not Applicable
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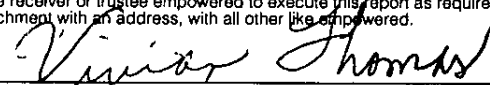
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, VIVIAN 1024 MAIN STREET TITUSVILLE, FL 32796		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL 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  Signature, typed or printed name of registered agent and title if applicable	DATE [1/18/09] (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, JAMAL 1053 SOUTH PARK AVENUE TITUSVILLE, FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moss, Jamal - D 870 Alabama St. Titusville, FL 32796 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, RICHARD 915 SOUTH PARK AVENUE APT 30 TITUSVILLE, FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly, Richard - D Key Largo Dr. Titusville 32780 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, ERIC 4499 ASHLEY DR. TITUSVILLE, FL 32780 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1/27/09 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, VIVIAN 1660 RICE AVENUE TITUSVILLE, FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS, VIVIAN - P 1660 Rice Ave Titusville, FL 32796 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, EUGENE 1660 RICE AVENUE TITUSVILLE, FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Eugene 1660 Rice Ave Titusville, FL 32796 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILDRED, GRANT 1024 MAIN STREET TITUSVILLE, FL 32796 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mildred Grant - T 911 S. Park Ave. Titusville, FL 32796 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/18/09 Date Daytime Phone #