

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004516

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** WORD ALIVE WORSHIP CENTER, CHURCH OF GOD, INC.

**Current Principal Place of Business:**

10187 TWIN LAKES DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

10187 TWIN LAKES DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 20-1102517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILLIMAN, PHILBERT  
3551 NW 95TH TERRACE  
SUNRISE, FL 33351 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: WILLIAMS, ANTONETTE C  
Address: 10187 TWIN LAKES DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: BELL, ESCO TIM  
Address: 7485 ROYAL PALM BLVD.  
City-St-Zip: MARGATE, FL 33063

Title: VD ( ) Delete  
Name: JUSTICE-WILLIAMS, GLENDA  
Address: 4361 NW 7TH COURT  
City-St-Zip: PLANTATION, FL 33317

Title: STD ( ) Delete  
Name: SAMUEL, CHERYL  
Address: 3330 SPANISH MOSS TERR., APT. 302  
City-St-Zip: LAUDERHILL, FL 33319

**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 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: ANTOINETTE C. WILLIAMS

PD

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date