

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004516

FILED
Apr 06, 2006
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:

6060 SW 7TH STREET
MARGATE, FL 33068

Current Mailing Address:

10187 TWIN LAKES DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

6060 SW 7TH STREET
MARGATE, FL 33068

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: PD (X) Change () Addition
Name: WILLIAMS, ANTONETTE C
Address: 9106 NW 70TH STREET
City-St-Zip: TAMARAC, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SAMUEL, CHERYL
Address: 3330 SPANISH MOSS TERRACE, APT. 302
City-St-Zip: LAUDERHILL, FL 33319

Title: STD (X) Change () Addition
Name: JOHNSON-PADILLA, DEBRA-ANN
Address: 650 SW 124TH TERRACE
City-St-Zip: DAVIE, FL 33325

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: ANTOINETTE C. WILLIAMS

PD

04/06/2006

Electronic Signature of Signing Officer or Director

Date