

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006444

FILED
Aug 26, 2005
Secretary of State

Entity Name: WORSHIP LEADERS' ASSOCIATION, INC.

Current Principal Place of Business:

2183 WEKIVA VILLAGE LANE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

2183 WEKIVA VILLAGE LANE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-1425174 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:

STEWARD, LARUE
2183 WEKIVA VILLAGE LANE
APOPKA, FL 32703 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: STEWARD, LARUE
Address: 2183 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEWARD, LARUE
Address: PO BOX 609105
City-St-Zip: ORLANDO, FL 32860 US

Title: D () Change (X) Addition
Name: PARKER, LILLIE
Address: PO BOX 555779
City-St-Zip: ORLANDO, FL 32855

Title: D () Change (X) Addition
Name: NICHOLS, JOI
Address: 407 W. HUBARD ST
City-St-Zip: DELAND, FL 32720

Title: D () Change (X) Addition
Name: SAUNDERS, MICHAEL
Address: 726 LEGION DR
City-St-Zip: DESTIN, FL 32541

Title: VP,S () Change (X) Addition
Name: LEEPER, NICOLE
Address: 300 ST CLAIRE CIR # C
City-St-Zip: YORKTOWN, VA 23693

Title: T () Change (X) Addition
Name: HEMPHIL, GLORIA S
Address: PHONETIA CT
City-St-Zip: DELTONA, FL 32738

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: LARUE STEWARD

P,D

08/26/2005

Electronic Signature of Signing Officer or Director

Date