

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004950

FILED
Aug 31, 2009
Secretary of State

Entity Name: WORD OF LIFE END TIME MINISTRIES, INC.

Current Principal Place of Business:

8057 LAMB COURT
JACKSONVILLE, FL 32244

New Principal Place of Business:

5530 FIRESTONE RD
JACKSONVILLE, FL 32244

Current Mailing Address:

7137 RAMPART RIDGE CIRCLE W
JACKSONVILLE, FL 32244

New Mailing Address:

8057 LAMB CT
JACKSONVILLE, FL 32244

FEI Number: 41-2169418 **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:

JOHNSON, JOYCE K
8057 LAMB COURT
JACKSONVILLE, FL 32244 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: BP () Delete
Name: JOHNSON, WALTER F
Address: 8057 LAMB COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: VT () Delete
Name: JOHNSON, JOYCE K
Address: 8057 LAMB COURT
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: LEE, DELORES
Address: 5806 TEMPEST ST
City-St-Zip: JACKSONVILLE, FL 32244

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:

I hereby certify that the information supplied with this filing does not qualify 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: WALTER F. JOHNSON

BP

08/31/2009

Electronic Signature of Signing Officer or Director

Date