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SECRETARY OF STATE, TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07862 (8)**
1. Corporation Name
WAY OF LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business: **11810 NW 19TH STREET PLANTATION FL 33323**
Mailing Address: **11810 NW 19TH STREET PLANTATION FL 33323**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
City & State: **23**
Zip: **24** Country: **25**

2a. Mailing Address: **26** Suite, Apt. #, etc.
City & State: **28**
Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1985**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2710705**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NORRIS, DAVID
11810 NW 19TH ST.
PLANTATION FL 33323**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NORRIS, DAVID L	1.2 NAME	
STREET ADDRESS	11810 NW 19TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI, APRIL	2.2 NAME	
STREET ADDRESS	9711 NW 5TH COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, MARK	3.2 NAME	YODER, MARK
STREET ADDRESS	3221 NW 94TH WAY	3.3 STREET ADDRESS	3221 NW 94th Way
CITY - ST - ZIP	SUNRISE FL	3.4 CITY - ST - ZIP	Sunrise, FL 33351
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DEAN	4.2 NAME	T/D
STREET ADDRESS	12324 SW FIRST ST	4.3 STREET ADDRESS	YOUNG, DEAN
CITY - ST - ZIP	CORAL SPRGS FL	4.4 CITY - ST - ZIP	12324 SW First Street
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, CHARLIE	5.2 NAME	
STREET ADDRESS	9055 NW 49TH PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: David L. Norris David L. Norris - 4-28-95 305-474-4703