

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07862

FILED
Mar 29, 2006
Secretary of State

Entity Name: WAY OF LIFE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

11810 NW 19TH STREET
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

11810 NW 19TH STREET
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 59-2710705 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORRIS, DAVID L
11810 NW 19TH ST.
PLANTATION, FL 33323 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: PDM () Delete
Name: NORRIS, DAVID L
Address: 11810 NW 19TH ST
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: D () Delete
Name: CHANG, LYNUE
Address: 564 NW 163RD AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DT () Delete
Name: MONTELEONE, SAL
Address: 1861 N W 106TH TERRACE
City-St-Zip: PLANTATION, FL 33322

Title: DS () Delete
Name: COVERT, KEVIN
Address: 7096 WOODMONT AVE
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: RAMIREZ, WILLIAM
Address: 13910 APPALACHIAN TRAIL
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: ORVILLE, KERR
Address: 9370 NW 36 PLACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: REYES, LUIS SR
Address: 12668 SW 21ST ST
City-St-Zip: MIRAMAR, FL 33027

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 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: DAVID L. NORRIS

PDM

03/29/2006

Electronic Signature of Signing Officer or Director

_____ Date