

# 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