

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007910

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** WELLS TEMPLE LIGHT OF LIFE PENTECOSTAL CHURCH, INC.

**Current Principal Place of Business:**

380 NW 20 TERRACE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

760 NW 17 STREET  
POMPANO BEACH, FL 33060

**New Mailing Address:**

1681 N. W. 2 AVENUE  
POMPANO BEACH, FL 33060 52

**FEI Number:** 04-3688987

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WELLS, PAUL SR.  
760 NW 17 STREET  
POMPANO BEACH, FL 33060 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: P  
Name: WELLS, PAUL SR.  
Address: 760 NW 17 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP  
Name: WELLS-MACK, JOYCE A  
Address: 1681 NW 2 AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: A  
Name: BANKS, WILLIAM  
Address: 651 NW 17 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: A  
Name: WELLS, ETHEL P  
Address: 760 NW 17 STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: A  
Name: SMITH, CAROLYN L  
Address: 2414 NW 7 STREET  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby 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 all other like empowered.

**SIGNATURE:** JOYCE A. WELLS-MACK

VP

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date