

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09401

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** THE WAY OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

638 NORTH PINE HILLS RD  
ORLANDO, FL 32808 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 618072  
ORLANDO, FL 328618002 US

**New Mailing Address:**

**FEI Number:** 59-2576537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WELCH, ROBERT EARL  
638 NORTH PINE HILLS RD  
ORLANDO, FL 32808 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: PD ( ) Delete  
Name: WELCH, ROBERT EARL  
Address: 8435 ROSE GROVES RD  
City-St-Zip: ORLANDO, FL 32818

Title: FD ( ) Delete  
Name: LONG, CHRISTINE  
Address: 149 COOPER CT  
City-St-Zip: ORLANDO, FL 32835

Title: VD ( ) Delete  
Name: CLARK, ROGER  
Address: 217 S. DEERWOOD AVE  
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete  
Name: JAMESON, JOANN  
Address: 7714 AREZZO AVENUE  
City-St-Zip: ORLANDO, FL 32819

Title: TD ( ) Delete  
Name: BOYD, LILLIE,  
Address: 2448 DODGE CT.  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: BARTLEY, FREDDIE  
Address: 2505 LAUDERDALE CT.  
City-St-Zip: ORLANDO, FL 32805

**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:

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: ROBERT EARL WELCH

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date