

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09401

FILED
Jun 24, 2011
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 32861 US

New Mailing Address:

FEI Number: 59-2576537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: WELCH, ROBERT EARL
Address: 638 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

Title: FD
Name: LONG, CHRISTINE
Address: 638 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

Title: VD
Name: JAMESON, JOANN
Address: 638 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

Title: TD
Name: DESUE, LILLIE
Address: 638 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

Title: SD
Name: WADE, CYNTHIA
Address: 638 NORTH PINE HILLS ROAD
City-St-Zip: ORLANDO, FL 32808 US

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: LILLIE B DESUE

TD

06/24/2011

Electronic Signature of Signing Officer or Director

Date