FILE NOW: FILING FEE AFTER MAY 1 IS $[redacted]

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Non profit

APPROVED AND FILED
95 MAY -[illegible] AM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N20175 (8)

1. Corporation Name
WORD OF LIFE MINISTRIES INTERNATIONAL INC.

Principal Place of Business	Mailing Address
801 W HIGHWAY 436 SUITE 2067 ALTAMONTE SPRINGS FL 32714	801 W HIGHWAY 436 SUITE 2067 ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 04/16/1987
3a. Date of Last Report: 06/29/1994
4. FEI Number: 36-3521564 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 801 W. Hwy. 436	26 801 W. 436 #2067
Suite, Apt. #, etc.: 22 Suite 2067	Suite, Apt. #, etc.: 27 Altamonte Springs
City & State: 23 Altamonte Springs, FL	City & State: 28 Florida
Zip: 24 32714 — Country: 25 Seminole	Zip: 29 32714 — Country: 30 Seminole

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'DONNELL, CONNIE R. 827 MARAVAL COURT LONGWOOD FL 32750	81 Name: David Henshall 82 Street Address (P.O. Box Number is Not Acceptable): 801 W. 436 83 Suite 2067 84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Henshall — DATE: 4-27-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	O'DONNELL, CONNIE R.	12 NAME	David Henshall
STREET ADDRESS	827 MARAVAL COURT	13 STREET ADDRESS	801 W. 436 #2067
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	Altamonte Springs, Fl. 32714
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	O'DONNELL, MICHAEL H.	22 NAME	Deirdra Henshall
STREET ADDRESS	827 NARAVAL COURT	23 STREET ADDRESS	801 W. 436 #2067
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Altamonte Springs, Fl. 32714
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	O'DONNELL, DEIRDRA M.	32 NAME	Patrick Dempsey
STREET ADDRESS	827 MARVAL COURT	33 STREET ADDRESS	801 W. 436 #2065
CITY-ST-ZIP	LONGWOOD FL	34 CITY-ST-ZIP	Altamonte Springs, Fl. 32714
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Henshall — 4-27-95 — 407-399-9722 [redacted]
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

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