2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006
Secretary of State

DOCUMENT# N39584

Entity Name: WAY TRUTH & LIFE MINISTRIES INC

Current Principal Place of Business:

6651 CRESTLINE DR
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

6651 CRESTLINE DR
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 59-3022761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, JANET R D
6651 CRESTLINE DR
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

CARTER, MALCOM L D
6651 CRESTLINE DR
JACKSONVILLE, FL 32211 US

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: MALCOM L. CARTER, SR 03/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARTER, MALCOM L., S, R.
Address: 6651 CRESTLINE DR
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: RIVERA, RHONDA R
Address: 6651 CRESTLINE DR
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: CARTER, JANET R
Address: 6651 CRESTLINE DR
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CARTER, MALCOM L., S, R
Address: 6651 CRESTLINE DR
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHNSON, JAMIE N
Address: 6651 CRESTLINE DR
City-St-Zip: JACKSONVILLE, FL 32211

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: MALCOM L. CARTER, SR D 03/13/2006
Electronic Signature of Signing Officer or Director Date