

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39584

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: WAY TRUTH & LIFE MINISTRIES INC

## Current Principal Place of Business:

6651 CRESTLINE DR  
JACKSONVILLE, FL 32211 US

## New Principal Place of Business:

376-3 NEW BERLIN ROAD  
JACKSONVILLE, FL 32218 US

## Current Mailing Address:

6651 CRESTLINE DR  
JACKSONVILLE, FL 32211 US

## New Mailing Address:

P O BOX 26875  
JACKSONVILLE, FL 32226 US

FEI Number: 59-3022761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CARTER, MALCOM L D  
376-3 NEW BERLIN RD  
JACKSONVILLE, FL 32218 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:

01/16/2009

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: CARTER, JANET R  
Address: 6651 CRESTLINE DR  
City-St-Zip: JACKSONVILLE, FL 32211 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CARTER, MALCOM L., S, R  
Address: 376-3 NEW BERLIN RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D (X) Change ( ) Addition  
Name: CARTER, JANET R  
Address: 376-3 NEW BERLIN RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify 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

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date