

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:22

DOCUMENT # N47885 (1)

1. Corporation Name

WORD OF LIFE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

4100 NW 167TH STREET
MIAMI FL 33055
US

P O BOX 552611
MIAMI FL 33055
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0308017

Applied For

Not Applicable

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

FILINGS INC
3732 NW 16TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERVIN, MICHAEL L
STREET ADDRESS	18931 NW 33RD PL
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	HARVARD, ROBERT L
STREET ADDRESS	18810 NW 42ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DORSEY, KASHIMA
STREET ADDRESS	7933 BILTMORE BLVD.
CITY-ST-ZIP	MIRAMAR FL
TITLE	ST
NAME	ERVIN, JOANNE
STREET ADDRESS	18931 NW 33 PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GARNER, BARBARA
STREET ADDRESS	2902 NW 162 ST.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D
NAME	HEPBURN, KATHRYN
STREET ADDRESS	581 NW 42ND ST
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Ervin

Joanne Ervin

02/14/95

305 621-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number