FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporati WORE	O OF LIFE	CHURCH OF	Mailing Address P O BOX 552611 MIAMI FL 33055									
03			U:	S					3. Date Incorporated or Qualified	3a. I	Date of Last	Report
2. Principal I	Place of Busin	ess	2a	Mailing Address					03/16/1992		02/20/1	995
21			26						4. FEI Number 65-0308017			Applied For
Suite, Apt	. #, etc.			Suite, Apt. #, etc.								Not Applicable 5 Additional
City & Sta	ute			27					5. Certificate of Status Desired	X		Required
23			F1	City & State					Election Campaign Financing Transferred Country			May Be
Zip Country				Zip Cou			,	····	Trust Fund Contribution 8 This correction has lightly for it			d to Fees
24 25 9. Name and Address of Curr			29	29 30				8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No				
·	9. Name	and Address of Cu	rrent Regist	ered Agent					10. Name and Address of New Ro	gistered	Agent	
5 4 0 10 0						61	Name	'				
FILINGS INC						82	Street	Addre	ss (P.O. Box Number is Not Acceptable	3)		
3732 NW 16TH ST						-						
FT LAUDERDALE FL 33311						83	1					
#						84	City	· · · · · · · · · · · · · · · · · · ·			85 Zip	o Code
11. Pursuant	to the provisi	ons of Sections 617 (1502 and 617	1600 Florido D	a b a b a a a b a a a d					FL		
or registe	ered agent, or	both, in the State of	Florida. Such	change was auth	atutes, the ar lorized by the	oove-r e corp	named c oration's	orporat board	ion submits this statement for the purp of directors. I hereby accept the appo	ose of ch	anging its re	egistered office
	лит, ало ассе	of the obligations of	Section 617.0	503, Florida Stat	utes.				assopt the upper	THE COLUMN	s registered	agent. Lan
SIGNATURE	Signature, typed	or printed name of registered	agent and title if ap	plicable	(NOTE Register	ed Ager	t signature	nectained w	then remetation			
12.			AND DIRECT		13		C DIGITALONE	required P	ADDITIONS/CHANGES TO OFFIC	DATE PERS AND	O DIPECTO	DC IN 10
TITLE	P			[] DELETE	1.1	TITLE			111010000000000000000000000000000000000	E I O AIN	Change	Addition
NAME	ERVIN, N	MICHAEL L			1.2	NAME					vgc	
STREET ADDRESS 18931 NW 33RD PL				1.1.			1.3 STREET ADDRESS					
CITY-ST-ZIP .	MIAMI F				1.4	CITY-S	T-ZIP					
TITLE	٧			DELETE	21	TITLE		<u> </u>			Change	Addition
NAME		d, robert l					2.2 NAME					
STREET ADDRESS		W 42ND AVE			23	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FI				2 4	CITY-S	1 - ZIP					
TITLE	D	141.01.01.1		DELETE	3 1	TITLE					Change	☐ Addition
NAME		, KASHIMA			32	NAME						_
STREET ADDRESS		TMORE BLVD.			33	STREET	address					
TITLE	MIRAMAI	1 PL		Florier		CITY-S	T - ZIP	 				
NAME	ST	CANDIE		DELETE		TITLE					☐ Change	Addition
STREET ADDRESS	ERVIN, J				4.2	NAME						
CITY-ST-ZIP		N 33 PLACE					ADORESS					1
TiTLE	MIAMI FL			DELETE		CITY-ST	- ZIP	ļ <u> </u>				
NAME	D	BARBARA		PARTEIF		HTLE				Ī	Change	Addition
STREET ADDRESS	2902 NW					NAME						
CITY-ST-ZIP	OPA LOC						ADDRESS					
TITLE	D D	NVI FL		DELETE		CITY-ST	- ZIP			 ,		
NAME	_	N, KATHRYN			611					- {	Change	☐ Addition
STREET ADDRESS	561 NW					LAME TOTET A	DD0500					
CITY-ST-ZIP MIAMI FL							IDDRESS					
14 Ldo borob					041	ITY - ST	- Z1F					

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 appears in Block 12 or Block 13 if changed, or on appatrachment with an address.

SIGNATURE: John Joanne Joanne Signature and typed or Printed Name of Signing Officer on Director Joanne