

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90159 027 \*\*\*\*70.00

DOCUMENT # N47885

1. Corporation Name

WORD OF LIFE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

4100 NW 167TH STREET  
MIAMI FL 33055  
US

Mailing Address

P O BOX 552611  
MIAMI FL 33055  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/16/1992

4. FEI Number

65-0308017

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ERVIN, MICHAEL L  
STREET ADDRESS 18931 NW 33RD PL  
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE  
NAME HARVARD, ROBERT L  
STREET ADDRESS 18610 NW 42ND AVE  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME DORSEY, KASHIMA  
STREET ADDRESS 7933 BILTMORE BLVD.  
CITY-ST-ZIP MIRAMAR FL

TITLE ST ☐ DELETE  
NAME ERVIN, JOANNE  
STREET ADDRESS 18931 NW 33 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE  
NAME GARNER, BARBARA  
STREET ADDRESS 2902 NW 162 ST.  
CITY-ST-ZIP OPA LOCKA FL

TITLE D ☒ DELETE  
NAME HEPBURN, KATHRYN  
STREET ADDRESS 561 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

305-620-5575

Daytime Phone #

CR2E037 (11/98)