

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002715

1. Entity Name
WORD OF LIFE WORSHIP CENTER, INC.



Principal Place of Business
**5460 8TH STREET SE
HIGHLAND CITY, FL 33846 US**

Mailing Address
**P. O. BOX 1465
HIGHLAND CITY, FL 33846 US**



01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLEY, FRANKLIN
590 LAUREL AVE
EAGLE LAKE, FL 33839**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000701506
04/20/07-80062-006 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARTLEY, FRANKLIN
STREET ADDRESS 590 LAUREL AVE
CITY-ST-ZIP EAGLE LAKE, FL 33839

TITLE VD
NAME COLLIER, LESLIE
STREET ADDRESS 5120 LAKELAND HIGHLAND RD
CITY-ST-ZIP HIGHLAND CITY, FL 33846

TITLE T
NAME BARTLEY, VIVIAN A
STREET ADDRESS PO BOX 695
CITY-ST-ZIP EAGLE LAKE, FL 33839

TITLE S
NAME CROW, GLENDA
STREET ADDRESS 3132 ALANTIC AVE
CITY-ST-ZIP EATON PARK, FL 33840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ben Franklin Bartley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-7 863-298-0974