

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB -6 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name DANIEL M. MALEK

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

5464 OAKFORD Dr.

City LAKELAND

FL

Zip Code 33812

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 Daniel M. Malek

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

1-30-08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME MALEK, DANIEL
STREET ADDRESS 5464 OAKFORD DR.
CITY-ST-ZIP LAKELAND, FL 33812 US

TITLE ST ☒ Change ☐ Addition
NAME CHRISTY, PATRICIA
STREET ADDRESS 4328 TAMMY LEE LANE
CITY-ST-ZIP HIGHLAND CITY, FL 33813 US

TITLE MD ☒ Change ☐ Addition
NAME MALEK, JOEL C.
STREET ADDRESS 2058 WINDWOOD LANE
CITY-ST-ZIP LAKELAND FL 33813 US

TITLE T ☒ Change ☐ Addition
NAME CASTLE, RICHARD
STREET ADDRESS 207 N GOLD STREET
CITY-ST-ZIP EUPORA, MS 39744 US

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel M. Malek

1-30-08

Date

Daytime Phone #

407-808-7069