

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002619 (4)

1. Corporation Name

WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION



Principal Place of Business

15600 N.W. 42ND AVE.
MIAMI FL 33054
US

Mailing Address

P O BOX 471771
MIAMI FL 33247
US

3. Date Incorporated or Qualified
05/25/1994

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 15600 N.W. 42ND AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 471771
Suite, Apt. #, etc.

4. FEI Number
65-0495192

Applied For
Not Applicable

22 City & State
MIAMI, FL

27 City & State
MIAMI, FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 Zip
33054

25 Country
Other

28 Zip
33247

30 Country
DADE

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24

25

28

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNN, RICHARD P II
1895 N W 57TH ST
MIAMI FL 33142

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

Richard P. Dunn II
Signature, typed or printed name of registered agent and title if applicable

Richard P. Dunn II - President
(NOTE: Registered Agent signature required when not stating) DATE 4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DUNN, RICHARD P II
STREET ADDRESS 2121 N.W. 172ND ST.
CITY-ST-ZIP MIAMI FL 33056

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HICKS, DALE
STREET ADDRESS 1187 N W 112TH TERRACE
CITY-ST-ZIP MIAMI FL 33168

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PORTER, CLARA
STREET ADDRESS 287 N.W. 58 ST.
CITY-ST-ZIP MIAMI FL 33127

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MILLAGE, RICKIE
STREET ADDRESS 8201 N W 5TH COURT
CITY-ST-ZIP MIAMI FL 33150

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MARTIN, SAMUEL
STREET ADDRESS 355 N W 194TH TERRACE
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME King, Robert Jr.
5.3 STREET ADDRESS 3000 N.W. 69th St.
5.4 CITY-ST-ZIP MIAMI, FL 33147

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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:

Richard P. Dunn II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)