## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

P O BOX 471771

■ NONPROFIT **CORPORATION ANNUAL REPORT** 

1997

KING, ROBERT JR.

MIAMI FL

3000 N.W. 69TH ST.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business

15600 N.W. 42ND AVE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 20 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

N94000002619 (4) DOCUMENT #

## WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION

MIAMI FL 33054 MIAMI FL 33247-1771 Date Incorporated or Qualified 05/25/1994 3a. Date of Last Report 05/01/1996 Principal Place of Bysiness WARD OF LIFE C. D.C. 2a. Mailing Address 4. FEI Number Applied For P.O. BOX 65-0495192 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent Florida Statutes Yes 10. Name and Address of New Registered Agent RI Name DUNN, RICHARD P II 82 Street Address (P.O. Box Number is Not Acceptable) 1895 N W 57TH ST **MIAMI FL 33142** 83 City 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. Mum KichARd SIGNATURE name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TITLE DELETE 1.1 TITLE Change DUNN, RICHARD P II NAME 1.2 NAME 2121 N.W. 172ND ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP 1.4 CH1Y - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition HICKS, DALE NAME 2.2 NAME ### N W 112TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition PORTER, CLARA NAME 3.2 NAME 287 N.W. 58 ST. STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33127** CITY-ST-ZIP 3.4, CITY+ST-ZIP DELETE TITLE ☐ Addition 4.1 TITLE Change MILLAGE, RICKIE NAME 4. 2 NAME 8201 N W 5TH COURT STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE

6.4 CITY-ST-ZIP 14. I do 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 eath; 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELF1E

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP