

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
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 024 ****70.00

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Corporation Name

WORD OF LIFE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

46 NW 17TH AVE
600 NW 42ND AVE
MIAMI FL 33142

Mailing Address

P O BOX 471771
MIAMI FL 33247
US



Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/25/1994

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0495192

Applied For

Not Applicable

City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

OFFICERS AND DIRECTORS

E	D	<input type="checkbox"/> DELETE
IE	DUNN, RICHARD P II	
EET ADDRESS	1895 NW 57TH ST	
-ST-ZIP	MIAMI FL	
E	D	<input type="checkbox"/> DELETE
IE	HICKS, DALE	
EET ADDRESS	1167 NW 112TH TERR	
-ST-ZIP	MIAMI FL	
E	S	<input checked="" type="checkbox"/> DELETE
IE	DEVINE, GLORIA	
EET ADDRESS	1425 NE 125 TERRACE	
-ST-ZIP	MIAMI FL 33161	
E	T	<input type="checkbox"/> DELETE
IE	DELANEY, ALVIN	
EET ADDRESS	8855 NW 1ST AVENUE	
-ST-ZIP	MIAMI FL 33150	
E	D	<input type="checkbox"/> DELETE
IE	COLEMNA, DWIGHT	
EET ADDRESS	2910 NW 210TH TERRACE	
-ST-ZIP	MIAMI FL 33056	
E		<input type="checkbox"/> DELETE
EET ADDRESS		
-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

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

Date

Daytime Phone #

CR2E037 (11/98)