

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90466 001 \*\*\*245.00

**DOCUMENT # N94000002619**

1. Entity Name  
**WORD OF LIFE COMMUNITY DEVELOPMENT  
CORPORATION**



Principal Place of Business  
**4646 NW 17TH AVE  
MIAMI, FL 33142 US**

Mailing Address  
**4646 NW 17TH AVE  
MIAMI, FL 33142 US**

**66419002**



04282004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0495192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DUNN, RICHARD P II
STREET ADDRESS	1895 NW 57TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	HICKS, DALE
STREET ADDRESS	1167 NW 112TH TERR
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	SD
NAME	WILLIAMS, ANDRE
STREET ADDRESS	1850 NW 170TH STREET
CITY-ST-ZIP	MIAMI, FL 33056
TITLE	PD
NAME	COLMAN, DEWIGHT
STREET ADDRESS	2970 NW 210TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33168
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-04 746-344-7170**

Date

Daytime Phone #