FILE NOW: FILING FEE IS \$61.25 FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jun 19 1997 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State , **DIVISION OF CORPORATIONS** 1997 Secretary of State DOCUMENT # 000002620 WORD OF LIFE MISSBOARY BAPTAT Church, It. Principal Place of Business P.O. BOX 47/77/ MIAMI, FL-33247-1771 00 N.W. 429 Ave, 3. Date Incorporated or Qualified 3a. Date of Last Report 1996 Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Richard P. II Street Address (P.O. Box Number is Not Acceptable) N.W. 57th Street **B3** City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE 1.1 TITLE Addition Change Chaleman NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZiP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADORESS CHASEMEN COM CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE 3 1 T(T) F ☐ Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7(P M OF DIRECTURS TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TOLE 5 1 TITLE Addition BURNED OF 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS D PARCEDI CITY-ST-ZIP 5.4 CITY - ST - ZiP TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS -06/19/97 --01081--012 6.3 STREET ADDRESS ***61.25

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 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR