

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90011 023 \*\*\*\*70.00

DOCUMENT # N94000002620

Corporation Name

THE WORD OF LIFE MISSIONARY BAPTIST CHURCH, INCORPORATED

Principal Place of Business

75 NW 62ND ST  
AMI FL 33147

Mailing Address

P.O. BOX 471771  
MIAMI FL 33247-1771

\* 6 614324-90011-23



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 65-0495189	
City & State		27 City & State		Applied For Not Applicable	
Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

## 9. Name and Address of Current Registered Agent

DUNN, RICHARD P II  
1895 NW 57TH ST.  
MIAMI FL 33142

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	COBD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
IE	DUNN, RICHARD P II	1.2 NAME	
EET ADDRESS	1895 NW 57TH STREET	1.3 STREET ADDRESS	
-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	
E	VCH	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
IE	HICKS, DALE	2.2 NAME	
EET ADDRESS	1167 NW 112TH TERRACE	2.3 STREET ADDRESS	
-ST-ZIP	MIAMI FL 33168	2.4 CITY-ST-ZIP	
E	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	PORTER, CLARA	3.2 NAME	
EET ADDRESS	287 N.W. 58 ST.	3.3 STREET ADDRESS	
-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	
E	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	PACKINGHAM, RALPH	4.2 NAME	
EET ADDRESS	1740 NW 55TH STREET	4.3 STREET ADDRESS	
-ST-ZIP	MIAMI FL 33142	4.4 CITY-ST-ZIP	
E	DBOD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	KING, ROBERT JR	5.2 NAME	
EET ADDRESS	3000 NW 69TH STREET	5.3 STREET ADDRESS	
-ST-ZIP	MIAMI FL 33147	5.4 CITY-ST-ZIP	
E		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
-ST-ZIP		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* 9-7-99 (205) 637-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)