

**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 # N94000002620**

1. Entity Name  
**THE WORD OF LIFE MISSIONARY BAPTIST CHURCH,  
INCORPORATED**



Principal Place of Business

2275 NW 62ND ST  
MIAMI, FL 33147 US

Mailing Address

2275 NW 62ND ST  
MIAMI, FL 33147 US

**66419003**



04282004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0495189**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNN, RICHARD P II  
1895 NW 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	COBD
NAME	DUNN, RICHARD P II
STREET ADDRESS	1895 NW 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VCH
NAME	HICKS, DALE
STREET ADDRESS	1167 NW 112TH TERRACE
CITY-ST-ZIP	MAIMI, FL 33168
TITLE	SD
NAME	PORTER, CLARA
STREET ADDRESS	18900 NE 3RD CT BLLDNER II
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	KING, ROBERT JR
STREET ADDRESS	3000 NW 69TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	COLEMAN, DWIGHT
STREET ADDRESS	2910 NW 210TH TERR
CITY-ST-ZIP	MIAMI, FL 33056
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

Date

Daytime Phone #

4-28-04 349-77