

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003165

FILED
Jan 08, 2009
Secretary of State

Entity Name: WORD OF LIFE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1555 W. MAIN ST
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

1555 W. MAIN ST
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 59-3324164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, GARY D
3935 PELICAN COURT
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, GARY D
Address: C/O 3935 PELICAN COURT
City-St-Zip: LAKELAND, FL 33812 US

Title: VPD () Delete
Name: WILLIS, STEPHEN
Address: 380 HANKIN ROAD
City-St-Zip: BARTOW, FL 33830

Title: S () Delete
Name: ANDREWS, TOM
Address: 212 SHELLEY DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HAGGARD, VIRGIL
Address: 3641 KEYSVILLE ROAD
City-St-Zip: LITHIA, FL 33547

Title: T () Delete
Name: JOHN, JAMES
Address: 7958 E. CHURCH ST
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: WIGGINS, MARVIN
Address: 1399 W. CLOVER STREET
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WIGGINS, MARVIN
Address: 1399 W. CLOVER STREET
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY DAVID WHITE

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date