

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003165

FILED  
Feb 16, 2010  
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 (X)**

**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  
**Name:** WHITE, GARY D  
**Address:** C/O 3935 PELICAN COURT  
**City-St-Zip:** LAKELAND, FL 33812 US

**Title:** VPD  
**Name:** WILLIS, STEPHEN WHITE  
**Address:** 380 HANKIN ROAD  
**City-St-Zip:** BARTOW, FL 33830

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GARY DAVID WHITE

PD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date