

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002230

FILED
Apr 21, 2009
Secretary of State

Entity Name: WHOLE LIFE FELLOWSHIP COMMUNITY DEVELOPMENT TRAINING CENTER, INC.

Current Principal Place of Business:

7744 WILES ROAD
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

1451 N DIXIE HWY
FT LAUDERDALE, FL US

Current Mailing Address:

6621 NW 47TH STREET
CORAL SPRINGS, FL 33067 US

New Mailing Address:

FEI Number: 65-0666434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREEN, WILLIE J
6621 N.W. 47TH STREET
CORAL SPRINGS, FL 33067 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: GREEN, WILLIE J
Address: 6621 N.W. 47TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: STRD () Delete
Name: WILLIAMS, LUCILE
Address: 1537 NW 12TH CT
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: STD () Delete
Name: DUNBAR, BETTY
Address: 2852 SW 175TH AVE.
City-St-Zip: MIRAMAR, FL 33029 US

Title: VSD () Delete
Name: GREEN, LINDA J
Address: 6621 N.W. 47TH STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: VPD () Delete
Name: HALIBURTON, ANNETTE
Address: 2852 SW 175 AVE.
City-St-Zip: MIRAMAR, FL 33029 US

Title: DT () Delete
Name: EADDY, REBECCA
Address: 4160 NW 21 ST UNIT C-132
City-St-Zip: LAUDERHILL, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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: LUCILE WILLIAMS

STRD

04/21/2009

Electronic Signature of Signing Officer or Director

Date