

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006480

FILED  
May 03, 2009  
Secretary of State

Entity Name: WORD OF LIFE FELLOWSHIP CHURCH INC.

## Current Principal Place of Business:

210 SOUTH JULIA AVE  
DELAND, FL 32720 US

## New Principal Place of Business:

## Current Mailing Address:

210 SOUTH JULIA  
DELAND, FL 32720 US

## New Mailing Address:

210 SOUTH JULIA AVE  
DELAND, FL 32720 US

FEI Number: 59-3492433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

REID, CONRAD V REV  
210 SOUTH JULIA AVE  
DELAND, FL 32720 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: OFFI ( ) Delete  
Name: COLEMAN, ARNOLD LEE  
Address: 400 PEACHTREE ST.  
City-St-Zip: DELAND, FL 32724 US

Title: SEC ( ) Delete  
Name: BAILEY, ANNIE BRITT  
Address: 327 W. WALTZ AVENUE  
City-St-Zip: DELAND, FL 32720

Title: OFFI ( ) Delete  
Name: RICHARDSON, MAMIE  
Address: 1500 PERIWINKLE AVENUE  
City-St-Zip: DELAND, FL 32724

Title: OFFI ( ) Delete  
Name: WALKER, GYNELL  
Address: 544 W EUCLID AVE  
City-St-Zip: DELAND, FL 32720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OFFI (X) Change ( ) Addition  
Name: COLEMAN, ARNOLD LEE  
Address: 945 E CAROLINA  
City-St-Zip: DELAND, FL 32721 US

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

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

Title: OFFI (X) Change ( ) Addition  
Name: MAMIE, REID  
Address: 210 S JULIA AVE  
City-St-Zip: DELAND, FL 32720

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: CONRAD REID

RA

05/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date