



# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N99000000813</b> 1. Entity Name WORD OF LIFE FELLOWSHIP CHURCH, INC. OF ST. PETERSBURG						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 JUL 31 PM 12:54	
Principal Place of Business 1045 16TH SOUTH SAINT PETERSBURG, FL 33705				Mailing Address PO BOX 10488 ST. PETERSBURG, FL 33733			
2. Principal Place of Business - No P.O. Box # <b>2540 9th Ave South</b>		3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042008 Chg-NP CR2E037 (12/06)		4. FEI Number <b>59-3540699</b>	
City & State <b>St. Petersburg, Florida</b>		City & State		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33712</b>		Country <b>USA</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>HODGE, ELLIS R          2500 ANASTASIA WAY SOUTH          ST. PETERSBURG, FL 33712</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HODGE, ELLIS R 2500 ANASTASIA WAY SOUTH SAINT PETERSBURG, FL 33712			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Williams, LaQuanda 2050 63rd AVENUE SOUTH St. Petersburg, FL 33712		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMSEY, GREGORY 1998 59TH CIR S. SAINT PETERSBURG, FL 33712			TITLE NAME STREET ADDRESS CITY - ST - ZIP	100134018971 08/06/08--01011--006 **70.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RAMSEY, HELEN S 1998 59TH CIR S. SAINT PETERSBURG, FL 33712			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTON, JEFFERY B 6217 12TH ST. SOUTH SAINT PETERSBURG, FL 33705			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HODGE, TERALYN 2500 ANASTASIA WAY SOUTH SAINT PETERSBURG, FL 33712			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ADRIAN 2050 63RD AVENUE SOUTH SAINT PETERSBURG, FL 33712			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jeffery B Walton</u> / JEFFERY B WALTON 7-29-08 727-742-5041 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							