

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90277 036 ****61.25

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| DOCUMENT # N99000004645 | | | | | |
| 1. Entity Name WORD LIFE TEACHING MINISTRIES, INCORPORATED | | | | | |
| Principal Place of Business 3389 NORTH OAKS DR. MARIANNA, FL 32446 | | | Mailing Address 3389 NORTH OAKS DR. MARIANNA, FL 32446 US | | |
| 2. Principal Place of Business 1824 Folkstone Rd. Suite, Apt. #, etc. | | 3. Mailing Address 1824 Folkstone Rd. Suite, Apt. #, etc. | | | |
| City & State Tallahassee, FL Zip: 32312 Country: USA | | City & State Tallahassee, FL Zip: 32312 Country: USA | | 4. FEI Number 59-3593422 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For: <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CHAPMAN, J. ALLEN 3389 NORTH OAKS DR. MARIANNA, FL 32446 | | | 7. Name and Address of New Registered Agent Name: Chapman, J. Allen Street Address (P.O. Box Number is Not Acceptable): 1824 Folkstone Rd. City: Tallahassee FL Zip Code: 32312 | | |
| 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: <u>J. Allen Chapman</u> J. Allen Chapman Vice Pres, Sec, Treas. 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAPMAN, BONITA B 3389 NORTH OAKS DR. MARIANNA, FL 32446 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD CHAPMAN, J. ALLEN 3389 NORTH OAKS DR. MARIANNA, FL 32446 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARD, JEFF 2951-MONEYHAM RD. MARIANNA, FL 32448 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNETT, JOANNE 2102 LAKE FOREST DR TALLAHASSEE, FL 32303 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sharon Miller 2933 Madison St. Marianna, FL 32446 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>J. Allen Chapman</u> J. Allen Chapman 4/20/05 (850) 718-0231 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |