

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90010 034 *****65.25

DOCUMENT # N99000005619

1. Entity Name

WORD OF LIFE DELIVERANCE CENTER, INC.



Principal Place of Business

57 N.W. 47 TERRACE
MIAMI FL 33127

Mailing Address

57 N.W. 47 TERRACE
MIAMI FL 33127

44051017



MOORE

CR2E037 (4/04)

2. Principal Place of Business

57 N.W. 47 Terr

3. Mailing Address

57 N.W. 47 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33127

City & State

Miami FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. FEI Number

65-0961087

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, SHIRLEY
6531 N.W. 1 PLACE
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name Shirley Jackson

Street Address (P.O. Box Number is Not Acceptable)

6531 N.W. 1 Place

City Miami FL

FL

Zip Code

33150

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TEMPLE, ANNIE LAURA ☐ Delete
STREET ADDRESS 57 NW 47 TERRACE
CITY-ST-ZIP MIAMI FL 33127

TITLE VPD
NAME TEMPLE, LES OOZS ☐ Delete
STREET ADDRESS 57 NW 47 TERRACE
CITY-ST-ZIP MIAMI FL 33127

TITLE D
NAME JONES, WILLIE J ☐ Delete
STREET ADDRESS 2261 NW 58 ST
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Annie L. Temple
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/04 (305) 754-7635
Date Daytime Phone #