## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07862

Entity Name: WAY OF LIFE ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:** 

8900 NW 44TH ST. SUNRISE, FL 33351

**Current Mailing Address:** 

8900 NW 44TH ST.

SUNRISE, FL 33351 US

FEI Number: 59-2710705 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MORROW, ROB 8900 NW 44TH ST. SUNRISE, FL 33351 US

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: ROB MORROW 02/24/2022

Electronic Signature of Registered Agent

Date

**FILED** Feb 24, 2022

**Secretary of State** 

5595565283CC

Officer/Director Detail:

RUIZ, LUIS

Name

Title **DEACON** Title **TREASURER** HERNANDEZ, RUBEN Name TRUJILLO, CHRIS Name

18864 SW 29TH COURT Address **12111 NW 30TH STREET** Address City-State-Zip: CORAL SPRINGS FL 33065 MIRAMAR FL 33029 City-State-Zip:

Title **DEACON** Title **DEACON** Name KERR, ORVILLE

Address 9370 NW 36TH PLACE Address 11821 NW 34TH PLACE

SUNRISE FL 33351 City-State-Zip: City-State-Zip: SUNRISE FL 33323

Title **DEACON** Title **CHAIRMAN** 

Name HECK, JOSEPH MORROW, ROB Name

Address 1940 EAST OAK KNOLL CIRCLE 5924 NW 117TH DRIVE Address

City-State-Zip: DAVIE FL 33324 City-State-Zip: CORAL SPRINGS FL 33076

I hereby 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 all other like empowered.

02/24/2022 SIGNATURE: ROB MORROW **PASTOR**