

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010279

**FILED**  
**Jan 27, 2022**  
**Secretary of State**  
**0730198118CC**

**Entity Name:** WORD OF LIFE EMPOWERMENT CENTER INCORPORATED

**Current Principal Place of Business:**

1523 CHAFFEE ROAD  
UNIT 16  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1523 CHAFFEE ROAD  
UNIT 16  
JACKSONVILLE, FL 32221 US

**FEI Number:** 46-1379701

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BYNES, TODNEY  
1523 CHAFFEE ROAD  
UNIT 16  
JACKSONVILLE, FL 32221 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name BYNES, TODNEY  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

Title OFFICER  
Name BYNES, JOYCE  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name BYNES, TONETTA  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

Title BOARD MEMBER, OFFICER  
Name MCKIBBEN , SARAH  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

Title BOARD MEMBER  
Name LESTER , BRANDON  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

Title TRUSTEE  
Name LANE, TAMIKA  
Address 1523 CHAFFEE ROAD  
UNIT 16  
City-State-Zip: JACKSONVILLE FL 32221

*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.*

**SIGNATURE:** TAMIKA LANE

01/27/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date