

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36126

**Entity Name:** ISSUES OF LIFE MINISTRY, INC.

**Current Principal Place of Business:**

4530 NW 52ND ST  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4530 NW 52ND ST  
COCONUT CREEK, FL 33073 US

**FEI Number:** 65-0168755

**Certificate of Status Desired:** No

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

WOODS, JAMES E  
4530 NE 52ND ST  
COCONUT CREEK, FL 33073 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 DP  
Name WOODS, JAMES E  
Address 4530 NW 52ND ST  
City-State-Zip: COCONUT CREEK FL 33073

Title DVPT  
Name COLEMAN, QIANA  
Address 9431 N.W. 42 ST  
City-State-Zip: SUNRISE FL 33351

Title D  
Name RILES, DORIS  
Address 4530 NW 52ND STREET  
City-State-Zip: COCONUT CREEK FL 33173

Title D  
Name ROGERS, ROBERT  
Address 1610 N.W. 47 AVE  
City-State-Zip: LAUDERHILL FL 33313

Title VP  
Name CASH-WOODS, REGINA CATRESE  
Address 4530 NW 52ND ST  
City-State-Zip: COCONUT CREEK FL 33073

*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:** JAMES WOODS

**PRESIDENT**

**01/21/2023**

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

\_\_\_\_\_  
Date