

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 749355

(4)

1. Corporation Name

WORD OF LIFE MINISTRIES, INC.

Principal Place of Business

121 S. 3RD ST.  
GRANTS NM 87021  
US

Mailing Address

P.O. BOX 2673  
MILAN NM 87021  
US

2. Principal Place of Business

21 1001 W. Santa Fe Ave.

Suite, Apt. #, etc.

22

City & State

23 Grant New Mexico

Zip

24 87020

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

10/16/1979

4. FEI Number

59-2673468

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

KITCHENS, J. WEDRELL  
RT. 2 BOX 3851  
O'BRIEN FL 32071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

SD  
NAME SILVA, NANCY B.  
STREET ADDRESS 415 DENNIELYNN ST.  
CITY-ST-ZIP GRANTS NM 87020

TITLE ☐ DELETE

PD  
NAME SILVA, RAYMOND M.  
STREET ADDRESS 415 DENNIE LYNN ST.  
CITY-ST-ZIP GRANTS NM 87020

TITLE ☒ DELETE

VD  
NAME WADE, RODRICK  
STREET ADDRESS 1319 1/2 JAN JOSE DR.  
CITY-ST-ZIP GRANTS NM 87020

TITLE ☒ DELETE

TD  
NAME NELSON, KAREN  
STREET ADDRESS 88 MCBRIDE RD.  
CITY-ST-ZIP GRANTS NM 87020

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

YSD  
1.2 NAME SILVA, NANCY B.  
1.3 STREET ADDRESS 415 Dennie Lynn St  
1.4 CITY-ST-ZIP Grants nm 87020

2.1 TITLE ☒ Change ☐ Addition

PTD  
2.2 NAME SILVA, Raymond M.  
2.3 STREET ADDRESS 415 Dennie Lynn St.  
2.4 CITY-ST-ZIP Grants nm. 87020

3.1 TITLE ☐ Change ☒ Addition

D  
3.2 NAME Ramon E. Silva  
3.3 STREET ADDRESS HC 30, Box 25-E  
3.4 CITY-ST-ZIP Brownwood TX 76801

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

800002594628  
-07/22/98--01001--006  
\*\*\*70.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RAYMOND SILVA

7-4-98 (505) 285-5071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 21 1998 8:00am  
Secretary of State



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