


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90269 001 \*\*\*140.00

<b>DOCUMENT # 755525</b> 1. Entity Name <b>WORD OF LIFE FELLOWSHIP - SOUTH, INC.</b>	
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Principal Place of Business <b>P.O. BOX 600 RT 9 SCHROON LAKE, NY 12870 US</b>	Mailing Address <b>P.O. BOX 600 SCHROON LAKE, NY 12870</b>
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**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>13-5648615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PHILLIPS, TOM D 13247 WORD OF LIFE DRIVE HUDSON, FL 34669</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, ROBERT 8761 STATE ROUTE 9 SCHROON LAKE, NY 12870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, BOB G. PO BOX 167 ADIRONDACK, NY 12808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PHILLIPS, TOM D 13247 WORD OF LIFE DRIVE HUDSON, FL 36449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, BENJAMIN J P.O. BOX 272 POTTERSVILLE, NY 12860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLBACK, LAWRENCE R P.O. BOX 18 POTTERSVILLE, NY 12860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **BCBROWN** **2/21/05** **5184946205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #