

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 755525	
1. Entity Name WORD OF LIFE FELLOWSHIP - SOUTH, INC.	
Principal Place of Business P.O. BOX 600 RT 9 SCHROON LAKE, NY 12870 US	Mailing Address P.O. BOX 600 SCHROON LAKE, NY 12870



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

PHILLIPS, TOM D
13247 WORD OF LIFE DRIVE
HUDSON, FL 34669

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000637739
02/26/07-80074-005 140.00

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 BOLIBACK, 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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

5184946205

Daytime Phone #