# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2005**
**Secretary of State**

DOCUMENT# F03000004242

**Entity Name:** WORD OF LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

2120-50 COLLIER AVE
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2120-50 COLLIER AVE
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 11-2616604** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

ANASTASI, GASPAR
2120-50 COLLIER AVENUE
FORT MYERS, FL 33901 US

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

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | CP | ( ) Delete |
| Name: | ANASTASI, GASPAR | |
| Address: | 14502 LAKEWOOD TRACE COURT | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | VCVP | ( ) Delete |
| Name: | ANASTASI, MICHELLE | |
| Address: | 14502 LAKEWOOD TRACE COURT | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | SPARROW, JILL | |
| Address: | 1425 COLLINS ROAD | |
| City-St-Zip: | FORT MYERS, FL 33919 | |
| Title: | TD | ( ) Delete |
| Name: | LOWELL, DONALD JR | |
| Address: | 492 REBECCA LANE | |
| City-St-Zip: | OCEANSIDE, NY 11572 | |
| Title: | SD | ( ) Delete |
| Name: | SCOCA, ANNETTE | |
| Address: | 175 ROLLING STREET, MALVERNE | |
| City-St-Zip: | LONG ISLAND, NY 11565 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GASPAR ANASTASI PRES 07/12/2005

Electronic Signature of Signing Officer or Director — Date