

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004242

FILED  
Jul 14, 2008  
Secretary of State

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:

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: CP      ( ) Delete  
Name: ANASTASI, GASPAR  
Address: 8818 BANYAN COVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: VCVF      ( ) Delete  
Name: ANASTASI, MICHELE  
Address: 8818 BANYAN COVE CIRCLE  
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: ANASTASI, PHILIP  
Address: 6659 FIESTA WAY  
City-St-Zip: FT MYERS, FL 33919

Title: SD      ( ) Delete  
Name: COCA, ANNETTE  
Address: 175 ROLLING STREET  
City-St-Zip: MALVERNE, NY 11565

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP      (X) Change ( ) Addition  
Name: ANASTASI, GASPAR  
Address: 8818 BANYAN COVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

CP

07/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date