

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004242

FILED
Mar 20, 2009
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:

2120-50 COLLIER AVE
SUITE H
FORT MYERS, FL 33901

Current Mailing Address:

2120-50 COLLIER AVE
FORT MYERS, FL 33901

New Mailing Address:

2120-50 COLLIER AVE
SUITE H
FORT MYERS, FL 33901

FEI Number: 11-2616604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ANASTASI, GASPAR
2120-50 COLLIER AVENUE
SUITE H
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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VCV () 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: SCOCA, ANNETTE
Address: 175 ROLLING STREET
City-St-Zip: MALVERNE, 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: TD (X) Change () Addition
Name: ANASTASI, PHILIP
Address: 2361 CHANGLDER AVE
City-St-Zip: FT. MYERS, FL 33907

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

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: ANNETTE J. SCOCA

SECY

03/20/2009

Electronic Signature of Signing Officer or Director

Date