

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002938

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

13247 WORD OF LIFE DR  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600  
SCHROON LAKE, NY 12870

**New Mailing Address:**

**FEI Number:** 13-5648615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PHILLIPS, TOM D  
13247 WORD OF LIFE DR  
HUDSON, FL 34669 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  
**Name:** JORDAN, ROBERT J  
**Address:** PO BOX 600  
**City-St-Zip:** SCHROON LAKE, NY 12870

**Title:** VCV  
**Name:** LOUGH, DONALD H JR.  
**Address:** 121 PINE LANE  
**City-St-Zip:** SCHROON LAKE, NY 12870

**Title:** DS  
**Name:** BROWN, BOB G  
**Address:** PO BOX 167  
**City-St-Zip:** SCHROON LAKE, NY 12870

**Title:** DT  
**Name:** NELSON, BENJAMIN J  
**Address:** PO BOX 272  
**City-St-Zip:** POTTERSVILLE, NY 12860

I hereby 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 all other like empowered.

**SIGNATURE:** BOB G BROWN

DS

01/07/2011

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

\_\_\_\_\_  
Date