

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003082

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** WORD OF LIFE FAMILY CHURCH & INTERNATIONAL MISSIONARY FELLOWSHIP, INC.

**Current Principal Place of Business:**

11705 BOYETTE ROAD  
#208  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

11705 BOYETTE ROAD  
#208  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 54-2150767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUSSELL, GARY M  
11919 CEDARFIELD DRIVE  
RIVERVIEW, FL 33569 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: DP ( ) Delete  
Name: TRUSSELL, GARY M  
Address: 11919 CEDARFIELD DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DS ( ) Delete  
Name: TRUSSELL, SHERRY H  
Address: 11919 CEDARFIELD DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete  
Name: TRUSSELL, JOSHUA B  
Address: 11919 CEDARFIELD DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

**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:

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: GARY M. TRUSSELL

DP

04/30/2005

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

\_\_\_\_\_  
Date