

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003082

FILED
Feb 23, 2009
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:

12303 SPOTTSWOOD DRIVE
RIVERVIEW, FL 33579

Current Mailing Address:

11705 BOYETTE ROAD
#208
RIVERVIEW, FL 33569

New Mailing Address:

12303 SPOTTSWOOD DRIVE
RIVERVIEW, FL 33579

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 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: GARY M TRUSSELL

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date