

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000631

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** WORD OF LIFE MINISTRY WORLD OUTREACH, INC.

**Current Principal Place of Business:**

2150 COLLIER AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2150 COLLIER AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-1668738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORD OF LIFE MINISTRIES  
2120 COLLIER AVE SUITE H  
FORT MYERS, FL 33901 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: D  
Name: ANASTASI, GASPAR  
Address: 8818 BANYAN COVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: ANASTASI, MICHELLE  
Address: 8818 BANYAN COVE CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: SCOCA, ANNETTE J  
Address: 175 ROLLING STREET  
City-St-Zip: MALVERNE, NY 11565

Title: D  
Name: TREZZA, PATRICIA  
Address: 5352 CHIPPENDALE CIRCLE  
City-St-Zip: FORT MYERS, FL 34135

Title: D  
Name: REBELLO, KAREY  
Address: 9420 FOUNTAIN MEDICAL CT #101  
City-St-Zip: BONITA SPRINGS, FL 34135

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: GASPAR ANASTASI

D

04/13/2010

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

\_\_\_\_\_  
Date