

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17779

FILED
Apr 27, 2005
Secretary of State

Entity Name: WORD OF LIFE GOSPEL MINISTRIES, INC.

Current Principal Place of Business:

12106 PARKWOOD ST.
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

11016 PEPPERTREE LANE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-2746683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, MARTIN LOUIS
11016 PEPPERTREE LANE
PORT RICHEY, FL 34668 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: PD () Delete
Name: WARD, MARTIN LOUIS
Address: 11016 PEPPERTREE LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: BREWSTER, ALLAN
Address: 10709 OAK DR
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: WARD, GAIL
Address: 11016 PEPPERTREE LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: STD () Delete
Name: DICK, MONICA
Address: 4719 BAXLEY LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: VD () Delete
Name: TIMOTHY, GARLAND
Address: 244 GUN RIDGE RD
City-St-Zip: VONORE, TN 37885

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: STD (X) Change () Addition
Name: GARLAND, ELDA JEAN
Address: 244 GUN RIDGE RD
City-St-Zip: VONORE, TN 37885

Title: VD (X) Change () Addition
Name: GARLAND, TIMOTHY
Address: 244 GUN RIDGE RD
City-St-Zip: VONORE, TN 37885

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: MARTIN LOUIS WARD

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date