2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N17779

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 PEPPERTRE 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:	GARLAND, ELDA JEAN	
Address:	244 GUN RIDGE RD	
City-St-Zip:	VONORE, TN 37885	
Title:	VD	( ) Delete
Name:	GARLAND, TIMOTHY	
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:	STD	(X) Change ( ) Addition
Name:	WARD, GAIL	
Address:	11016 PEPPERTREE LANE	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	(X) Change ( ) Addition
Name:	GARLAND, ELDA JEAN	
Address:	244 GUN RIDGE RD	
City-St-Zip:	VONORE, TN 37885	
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 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: LOUIS WARD PD 04/27/2006

Electronic Signature of Signing Officer or Director — Date