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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:36

DOCUMENT # N51389 (7)
1. Corporation Name
WORD OF LIFE FELLOWSHIP OF OKEECHOBEE, INC.

Principal Place of Business Mailing Address
208 SW 7TH AVE. 208 SW 7TH AVE.
OKEECHOBEE FL 34974 OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/20/1992 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0393182 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Word of Life Fellowship 26 Word of Life Fellowship
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 212 S.W. 7TH AVE 27 P.O. BOX 904
City & State City & State
23 Okeechobee, FLA 28 Okeechobee, FLA
Zip Country Zip Country
24 34974 25 United States 29 34973-0904 30 America, U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOK, JOHN R.
202 NW 5TH AVE.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	DAVIS, DANIEL M.	1.2 NAME	William E. Nickolson
STREET ADDRESS	3050 NW 20TH TRAIL	1.3 STREET ADDRESS	3824 N.W. 18TH ST
CITY - ST - ZIP	OKEECHOBEE FL	1.4 CITY - ST - ZIP	Okeechobee, FLA
TITLE	DV	2.1 TITLE	DV
NAME	MCPEAK, DENVER	2.2 NAME	DENVER MCPEAK
STREET ADDRESS	7355 NE 7TH ST.	2.3 STREET ADDRESS	7355 N.E. 7TH ST.
CITY - ST - ZIP	OKEECHOBEE FL	2.4 CITY - ST - ZIP	Okeechobee, FL
TITLE	DS	3.1 TITLE	DS
NAME	HALL, DEACON TEDFORD	3.2 NAME	Rebecca J. Nickolson
STREET ADDRESS	1402 NW 48TH TERR.	3.3 STREET ADDRESS	3824 N.W. 18TH ST
CITY - ST - ZIP	OKEECHOBEE FL 34972	3.4 CITY - ST - ZIP	Okeechobee, FLA
TITLE	D	4.1 TITLE	DF
NAME	WATFORD, RICHARD A.	4.2 NAME	RICHARD A. WATFORD
STREET ADDRESS	3306 NW 36TH AVE.	4.3 STREET ADDRESS	565 S.E. 80TH AVE
CITY - ST - ZIP	OKEECHOBEE FL 34972	4.4 CITY - ST - ZIP	Okeechobee, FLA 34974
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Linda D. Hull
STREET ADDRESS		5.3 STREET ADDRESS	3846 N.W. 18TH ST
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Okeechobee, FLA 34974
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Nickolson WILLIAM E. Nickolson 3-28-95 CA- 357-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Home 467-8484
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