

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90165 001 ***140.00

DOCUMENT # N93000005351

1. Entity Name
WORD OF LIFE FLORIDA, INC.



Principal Place of Business
**13247 WORD OF LIFE DRIVE
HUDSON, FL 34669**

Mailing Address
**13247 WORD OF LIFE DR
HUDSON, FL 34669**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3238966

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, TOM D
13247 WORD OF LIFE DRIVE
HUDSON, FL 34669**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, BOB G P.O. BOX 167 ADIRONDACK, NY 12808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PHILLIPS, TOM 13247 WORD OF LIFE DRIVE HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NELSON, BENJAMIN J PO BOX 272 POTTERSVILLE, NY 12860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, ROBERT J 8761 STATE RTE. 9 SCHROON LAKE, NY 12870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLLBACK, LAWRENCE R P.O. BOX 18 POTTERSVILLE, NY 12860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BGBrown

3/20/06

Date

5184946205

Daytime Phone #