


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N93000005351</b><br>1. Entity Name<br><b>WORD OF LIFE FLORIDA, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>13247 WORD OF LIFE DRIVE<br/>HUDSON, FL 34669</b> | Mailing Address<br><b>13247 WORD OF LIFE DR<br/>HUDSON, FL 34669</b> |
|---|--|

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP CR2E037 (4/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-3238966</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> 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

|   |   |  |
|---|---|--|
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>U000000637740<br/>02/26/07-80074-005 140.00</b> |
|---|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BROWN, BOB G<br>P.O. BOX 167<br>ADIRONDACK, NY 12808            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M<br>PHILLIPS, TOM<br>13247 WORD OF LIFE DRIVE<br>HUDSON, FL 34669    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>NELSON, BENJAMIN J<br>PO BOX 272<br>POTTERSVILLE, NY 12860      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JORDAN, ROBERT J<br>8761 STATE RTE. 9<br>SCHROON LAKE, NY 12870 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BOLLBACK, LAWRENCE R<br>P.O. BOX 18<br>POTTERSVILLE, NY 12860   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *B6 Brown* **B6 Brown** 1/12/07 3184946205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #