2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N93000005351

Entity Name: WORD OF LIFE FLORIDA, INC.

Current Principal Place of Business:

13247 WORD OF LIFE DRIVE
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

13247 WORD OF LIFE DR
HUDSON, FL 34669

New Mailing Address:

FEI Number: 59-3238966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, TOM D
13247 WORD OF LIFE DRIVE
HUDSON, FL 34669 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:	SD	( ) Delete
Name:	BROWN, BOB G	
Address:	P.O. BOX 167	
City-St-Zip:	ADIRONDACK, NY 12808	
Title:	VP	( ) Delete
Name:	PHILLIPS, TOM D	
Address:	13247 WORD OF LIFE DRIVE	
City-St-Zip:	HUDSON, FL 34669	
Title:	TD	( ) Delete
Name:	NELSON, BENJAMIN J	
Address:	PO BOX 272	
City-St-Zip:	POTTERSVILLE, NY 12860	
Title:	PD	( ) Delete
Name:	JORDAN, ROBERT J	
Address:	8761 STATE RTE. 9	
City-St-Zip:	SCHROON LAKE, NY 12870	
Title:	VD	( ) Delete
Name:	LOUGH, DONALD H JR	
Address:	1439 CHARLEY HILL RD	
City-St-Zip:	SCHROON LAKE, NY 12870	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: BOB G BROWN SD 01/20/2009
Electronic Signature of Signing Officer or Director — Date