

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005351

FILED  
Jan 07, 2011  
Secretary of State

**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  
**Name:** BROWN, BOB G  
**Address:** P.O. BOX 167  
**City-St-Zip:** ADIRONDACK, NY 12808

**Title:** VP  
**Name:** PHILLIPS, TOM D  
**Address:** 13247 WORD OF LIFE DRIVE  
**City-St-Zip:** HUDSON, FL 34669

**Title:** TD  
**Name:** NELSON, BENJAMIN J  
**Address:** PO BOX 272  
**City-St-Zip:** POTTERSVILLE, NY 12860

**Title:** PD  
**Name:** JORDAN, ROBERT J  
**Address:** PO BOX 600  
**City-St-Zip:** SCHROON LAKE, NY 12870

**Title:** VD  
**Name:** LOUGH, DONALD H JR  
**Address:** 121 PINE LANE  
**City-St-Zip:** SCHROON LAKE, NY 12870

I hereby 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 all other like empowered.

**SIGNATURE:** BOB G BROWN

SD

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date