

2001 UNIFORM BUSINESS REPORT (UBR)

4/c

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-06-2001 90022 040 ****61.25

DOCUMENT # N97000006480

1. Entity Name

WORD OF LIFE FELLOWSHIP CHURCH INC.

Principal Place of Business

875 ALABAMA AVE
DELAND FL 32723
US

Mailing Address

P O BOX 3032
DELAND FL 32723
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3492433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSLEY, ALVIN J
105 S COLORADO AVE
DELAND FL 32723

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSLEY, ALVIN J	
STREET ADDRESS	105 S COLORADO AVE	
CITY-ST-ZIP	DELAND FL 32723	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOSLEY, LISA	
STREET ADDRESS	407 PINROSE AVE	
CITY-ST-ZIP	DELAND FL 32721	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSLEY, DOROTHY	
STREET ADDRESS	105 S COLORADO AVE	
CITY-ST-ZIP	DELAND FL 32723	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Phone #

CR2E037 (10/00)