

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002938

**Entity Name:** WORD OF LIFE FELLOWSHIP, INC.**Current Principal Place of Business:**13247 WORD OF LIFE DR  
HUDSON, FL 34669**Current Mailing Address:**PO BOX 600  
SCHROON LAKE, NY 12870**FEI Number: 13-5648615****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PHILLIPS, TOM D  
13247 WORD OF LIFE DR  
HUDSON, FL 34669 US*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**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LOUGH, DONALD H JR.  
Address        PO BOX 600  
City-State-Zip: SCHROON LAKE NY 12870

Title            TREASURER, DIRECTOR  
Name            NELSON, BENJAMIN J  
Address        PO BOX 600  
City-State-Zip: SCHROON LAKE NY 12870

Title            SECRETARY, DIRECTOR  
Name            KELSO, DONALD D  
Address        PO BOX 600  
City-State-Zip: SCHROON LAKE NY 12870

Title            ASST. SECRETARY  
Name            LEACH, HOWARD C  
Address        PO BOX 600  
City-State-Zip: SCHROON LAKE NY 12870

Title            DIRECTOR  
Name            PHILLIPS, TOM D  
Address        13247 WORD OF LIFE DR.  
City-State-Zip: HUDSON FL 34669

*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: BENJAMIN J NELSON****CFO****02/04/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date