

2014 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:**SEWALL, KENNETH T.
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:** KENNETH T. SEWALL

04/02/2014

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 SEWALL, KENNETH T
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

TREASURER-DIRECTOR

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date