## 2021 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 01/11/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title TREASURER, DIRECTOR LOUGH, DONALD H JR. Name NELSON, BENJAMIN J Name

**PO BOX 600** Address PO BOX 600 Address

City-State-Zip: SCHROON LAKE NY 12870 SCHROON LAKE NY 12870 City-State-Zip:

Title ASST. SECRETARY Title SECRETARY, DIRECTOR Name PEACE, ROGER Name PRICE, WALTER R Address **PO BOX 600** Address **PO BOX 600** 

SCHROON LAKE NY 12870 City-State-Zip: SCHROON LAKE NY 12870 City-State-Zip:

Title **DIRECTOR** 

Name SEWALL, KENNETH T 13247 WORD OF LIFE DR. Address 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.

01/11/2021 SIGNATURE: BENJAMIN J. NELSON TREASURER/DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 11, 2021

**Secretary of State** 

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