


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 031 ****66.25

DOCUMENT # 763926

1. Entity Name
THE LIFELINE EVANGELISTIC CHURCH, INC.



Principal Place of Business Mailing Address

135 JACKSON AVE SOUTH P.O. BOX 62224
 JACKSONVILLE FL 32210 JACKSONVILLE FL 32208
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

GUNTER, GORDON C
9909 IOWA AVENUE
JACKSONVILLE FL 32219

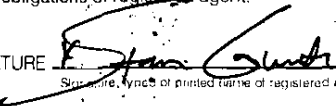
7. Name and Address of New Registered Agent

Name **STEVEN GUNTER**

Street Address (P.O. Box Number is Not Acceptable)
9909 IOWA AVENUE

City **Jacksonville** FL Zip Code **32219**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **STEVEN GUNTER** DATE: **04-16-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GUNTER, GORDON C PAST. <input type="checkbox"/> Delete 9909 IOWA AVE. JACKSONVILLE FL 32219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUNTER, STEVEN LEE <input type="checkbox"/> Delete 9909 IOWA AVENUE JACKSONVILLE FL 32219
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUNTER, JUDITH D. <input type="checkbox"/> Delete 9909 IOWA AVENUE JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **STEVEN GUNTER** DATE: **04-16-07** Daytime Phone #: **904 764-8257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #