

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2008
Secretary of State**

DOCUMENT# 846343

Entity Name: LIFEWAY CHRISTIAN RESOURCES OF THE SOUTHERN BAPTIST CONVENTION, INC.

Current Principal Place of Business:

ONE LIFEWAY PLAZA
NASHVILLE, TN 37234

New Principal Place of Business:

Current Mailing Address:

ONE LIFEWAY PLAZA
NASHVILLE, TN 37234

New Mailing Address:

FEI Number: 62-0505208 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAINER, THOM S.,
Address: 307 GILLETTE DRIVE
City-St-Zip: FRANKLIN, TN 37069

Title: T () Delete
Name: RHYNE, JERRY L
Address: 152 BLUEGRASS DRIVE
City-St-Zip: HENDERSONVILLE, TN 37075

Title: S () Delete
Name: CANNON, LARRY D.,
Address: 1006 JOHN CLARKE COURT
City-St-Zip: FRANKLIN, TN 37067

Title: D () Delete
Name: BALLARD, MARK H
Address: 3 SANBORN RD
City-St-Zip: LONDONDERRY, NH 03053

Title: D () Delete
Name: BARBER, RONALD C
Address: 3902 SHIPYARD BLVD.
City-St-Zip: WILMINGTON, NC 28403

Title: D () Delete
Name: BARKER, DOROTHY
Address: 602 E. LINCOLN
City-St-Zip: MORTON, TX 79346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY D. CANNON

S

02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date