2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001944

FILED Apr 24, 2008 Secretary of State

Entity Name: REAL LIFE CHRISTIAN CHURCH OF PINELLAS, INC.

Current Principal Place of Business:					New Principal Place of Business:		
65 - 4TH S1 LARGO, FL		JS					
Current Mailing Address:				New Mailing Address:			
9190 53RD PINELLAS I	WAY N. PARK, FL 3	3782	US				
FEI Number:	77-0625149	FEII	lumber Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Curren	t Registered Agent:		Name and Address	of New Registered Agent:	
WOLFE, FRED 9190 53RD WAY N. PINELLAS PARK, FL 33782 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:							
	Electro	onic Sig	nature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (WOLFE, FRE 9190 53RD W PINELLAS PA	/AY N.	3782		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WAHLBECK, 13041 125TH LARGO, FL 3	AVE. NO			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (STOLZE, CHF 1730 IDLE DF CLEARWATE	₹.	756		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (WAHLBECK, 13041 125TH LARGO, FL 3	AVE. NO	RTH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (DONNELLY, 0 8320 DENISE LARGO, FL 3	DRIVE			Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CHRIS STOLZE D 04/24/2008