

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001806

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: LIVING FAITH CHRISTIAN CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

405 RIDGEWAY BLVD.  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4487  
DELAND, FL 32721 US

**New Mailing Address:**

FEI Number: 06-1741092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MCKESEY, JAY  
405 RIDGEWAY BLVD.  
DELAND, FL 32724 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: HOLMES, RONALD  
Address: 405 RIDGEWAY BLVD.  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: HOLMES, GINA  
Address: 405 RIDGEWAY BLVD.  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete  
Name: TAYLOR, JENNIFER M  
Address: 122 W. BLUE WATER EDGE DR  
City-St-Zip: EUSTIS, FL 32736

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T, S (X) Change ( ) Addition  
Name: TAYLOR, JENNIFER M  
Address: 2038 CLAPPER TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Change (X) Addition  
Name: ROBINSON, SABINE  
Address: 907 CASCADE FALLS LANE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Change (X) Addition  
Name: HEDGEPEETH, DWAYNE  
Address: 2757 ORPHA LANE  
City-St-Zip: APOPKA, FL 32712

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: JENNIFER M TAYLOR

T, S

03/17/2008

Electronic Signature of Signing Officer or Director

Date