


2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002849 1. Entity Name THE LIFESOURCE ECONOMIC AND COMMUNITY DEVELOPMENT CORPORATION	
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FILED

10 SEP 24 PM 3:07

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business 262 SUNDANCE DR MONTICELLO, FL 32344	Mailing Address 262 SUNDANCE DR MONTICELLO, FL 32344
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc

09242010 Chg-NP CR2E037 (11/08)

City & State	City & State	4. FEI Number APPLIED FOR	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARPENTER, JACQUELINE 262 SUNDANCE DRIVE MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 24, 2010

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOP CARPENTER, JACQUELINE <input type="checkbox"/> Delete 262 SUNDANCE DR MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CARPENTER, CECIL L <input type="checkbox"/> Delete 262 SUNDANCE DR MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OD KENON, BETTY <input type="checkbox"/> Delete 800 SIKES STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

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	500185839845 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/24/10--01027--018 **61.25
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 Chapter 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: Jacqueline P. Carpenter _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____