

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N12299

Entity Name: LIFEPOINT FAMILY CHURCH INC.

Current Principal Place of Business:

C/O REV. CARL SENSABAUGH
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

New Principal Place of Business:

6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

Current Mailing Address:

C/O REV. CARL SENSABAUGH
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

New Mailing Address:

6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446

FEI Number: 59-2546870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENSABAUGH, CARL REV
6430 SOUTH LEWDINGAR DRIVE
HOMOSASSA, FL 34446 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: TD () Delete
Name: SENSABAUGH, TIMOTHY,
Address: 753 NE 9TH ST #2
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: PD () Delete
Name: SENSABAUGH, CARL REV
Address: 247 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

Title: SD () Delete
Name: SENSABAUGH, MARIAN
Address: 247 PINE ST
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SENSABAUGH, TIMOTHY J
Address: 753 NE 9TH ST #2
City-St-Zip: CRYSTAL RIVER, FL 34428

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: CARL SENSABAUGH

PD

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date