


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90041 011 ****61.25

DOCUMENT # N14840			
1. Entity Name JOSHUA HOUSE LIFE CENTERS, INC.			
Principal Place of Business 111 HILL CIR LEESBURG, FL 34788 US		Mailing Address 11207 SINGLE OAK RD FREDERICKSBURG, VA 22408 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address JHLC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Po. Box 1150	
City & State		City & State Hilliard, OH	
Zip		Zip 43026	
Country		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JORDAN, DONNA S 837 FAIRFAX DR. PT. CHARLOTTE, FL 33948		Name Street Address (P.O. Box Number is Not Acceptable) 1078 Orton St. City Port Charlotte FL Zip Code 33952	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, JAMES 111 HILL CIR LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, SANDRA 111 HILL CIR LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTNER, STEVEN 6600 SUNRISE BAY DRIVE DALE CITY, VA 221933915 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Donnald Lamb 508 HESS Road Elizabethtown, PA 17022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, HERBORT 10400 AMHERST CIRCLE FREDERICKSBURG, VA 22408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Doug Lamb 6148 Poplar Path Rd. Elizabethtown, PA 17022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DUANE 3701 LITTLE RIVER DR FREDERICKSBURG, VA 22408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, TONY 10940 STONEBROOK DR MANASSAS, VA 20112 <input type="checkbox"/> Delete	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: <i>Tony L. Hall</i> TONY L. HALL		Date: 1/17/08	Daytime Phone #: 703-216-9298