

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001310

Entity Name: LIFE CHANGERS ACADEMY, INC.**Current Principal Place of Business:**4900 DONOVAN ST
ORLANDO, FL 32808**Current Mailing Address:**P.O. BOX 770076
WINTER GARDEN, FL 34777 US**FEI Number:** 20-4246328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IRVIN, GWENDOLYN M
4900 DONOVAN ST
ORLANDO, FL 32808 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	IRVIN, GWENDOLYN M
Address	4900 DONOVAN ST
City-State-Zip:	ORLANDO FL 32808

Title	TREASURER, DIRECTOR
Name	ROWE, GENESIS
Address	4900 DONOVAN ST
City-State-Zip:	ORLANDO FL 32808

Title	VP, DIRECTOR
Name	IRVIN, DJUAN A
Address	4900 DONOVAN ST
City-State-Zip:	ORLANDO FL 32808

Title	SECRETARY
Name	BATTLE, LOLA
Address	4900 DONOVAN ST
City-State-Zip:	ORLANDO FL 32808

Title	DIRECTOR
Name	IRVIN, TIFFANY
Address	4900 DONOVAN ST
City-State-Zip:	ORLANDO FL 32808

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN IRVIN**PRESIDENT****07/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date