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.

Ρ

SIGNATURE: COLLIN LYNCH

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Oncer/Director Detail :					
	Title	Р	Title	ST	
	Name	LYNCH, COLLIN	Name	LYNCH, KAREN E	
	Address	6574 N. STATE ROAD 7, #391	Address	6574 N. STATE ROAD 7, #3	
	City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 330	
	Title	W			
	nue	VV			
	Name	LYNCH, SOFIA V			
	Address	6574 N. STATE ROAD 7, #391			
	City-State-Zip:	COCONUT CREEK FL 33073			

Officer/Director Detail

	Р	Title	ST		
	LYNCH, COLLIN	Name	LYNCH, KAREN E		
SS	6574 N. STATE ROAD 7, #391	Address	6574 N. STATE ROAD 7, #391		
tate-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073		
	W LYNCH, SOFIA V				
SS	6574 N. STATE ROAD 7, #391				

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:

FEI Number: 47-4305969

Name and Address of Current Registered Agent:

LYNCH, COLLIN G 6574 N. STATE ROAD 7, #391

COCONUT CREEK, FL 33073 US

Current Principal Place of Business:

6574 N. STATE ROAD 7, #391 COCONUT CREEK. FL 33073

Current Mailing Address:

6574 N. STATE ROAD 7, #391 COCONUT CREEK. FL 33073

DOCUMENT# N1500004046

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PEOPLE CHANGER MINISTRIES, INC

Apr 27, 2016 Secretary of State CC4087127747

FILED

Certificate of Status Desired: No

04/27/2016 Date

Date