2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# 701343

Entity Name: LIFE FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

6455 MUCK POND RD
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

6455 MUCK POND RD
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 59-6513259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOEGEL, RAMON
6455 MUCK POND RD
SEFFNER, FL 33584 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:	CD	( ) Delete
Name:	MILLER, CAROL A	
Address:	360 24TH ST NW APT 516	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	SD	( ) Delete
Name:	MOSS, GREG A	
Address:	6455 MUCK POND RD.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	PD	( ) Delete
Name:	NOEGEL, RAMON	
Address:	6455 MUCK POND ROAD	
City-St-Zip:	SEFFNER, FL 33584	
Title:	T	( ) Delete
Name:	MONTI, BETTY	
Address:	6420 MUCK POND RD	
City-St-Zip:	SEFFNER, FL 33584	
Title:	T	( ) Delete
Name:	ALEXANDER, DONNA R	
Address:	6423 MUCK POND RD.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	V	( ) Delete
Name:	SCAGLIONE, JACK	
Address:	6706 MAYBOLE PLACE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: GREG A. MOSS SD 01/30/2007

Electronic Signature of Signing Officer or Director — Date