

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701343

FILED  
Jan 16, 2008  
Secretary of State

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:

NOEGEL, RAMON P  
6455 MUCK POND RD  
SEFFNER, FL 33584 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: RAMON P. NOEGEL

01/16/2008

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: PD (X) Change ( ) Addition  
Name: NOEGEL, RAMON P  
Address: 6455 MUCK POND ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: T (X) Change ( ) Addition  
Name: MONTI, BETTY H  
Address: 6420 MUCK POND RD  
City-St-Zip: SEFFNER, FL 33584

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: GREG A. MOSS

SD

01/16/2008

Electronic Signature of Signing Officer or Director

Date