

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701343

FILED
Feb 02, 2009
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 P
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 P
Address: 6455 MUCK POND ROAD
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: MONTI, BETTY H
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
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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 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: GRETA A. MOSS

SD

02/02/2009

Electronic Signature of Signing Officer or Director

Date