## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707436** 

FILED Feb 07, 2007 Secretary of State

DOCON	VILINI# 101730		Secretary of State	
Entity Na	me: VIBRANT LIFE COMMUNITY CH	URCH. INC.		
•		<b>,</b>		
Current B	Principal Place of Business:	New Principal Place	of Pusiness	
Current	Tilicipal Place of Business.	New Principal Place	of Busiliess.	
1702 NW GAINESVI	17TH LANE ILLE, FL 32605 US			
	,			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
C/O R. S.	17TH LANE MANSELL, TREASURER ILLE, FL 32605 US			
	: 59-1360564 FEI Number Applied For	( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Age	ent: Name and Address o	of New Registered Agent:	
1702 NW GAINESVI The above in the State	., ROBERT S TREASUR 17TH LANE ILLE, FL 326005 US e named entity submits this statement fo e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Register	ed Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,A ( ) Delete OLSON, COLBY PASTOR 1036 NW 86TH TERRACE GAINESVILLE, FL 32606	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	R, A ( ) Delete MANSELL, ROBERT S TREASUR 1702 NW 17TH LANE GAINESVILLE, FL 326054083	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	A () Delete GORGANS, JIM SECRETA 18721 NW 149TH AVENUE WILLISTON, FL 32696	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: ROBERT S. MANSELL, PHD R. A 02/07/2007