2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 761546  1. Entity Name  LIFECHANGERS INTERNATIONAL MINISTRIES, INC.				Feb 02, 2005 08:00 AM Secretary of State			
Principal Pla	ace of Business	Mailing Address		<del></del>			
3940 NOR OCALA FL	TH HIGHWAY 441 . 32670	4809 NE 97TH \$T. RD ANTHONY FL 32617	<del>-</del>				
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.  City & State		Suite, Apt #, etc.  City & State		1st MOORE CR2E037 (10/04)			
				4. FEI Number	9-2969432		oplied For
Zip	Country	Zip	Country	5. Certificate of St		□ \$8.75 Add	ot Applicable ditional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Regis	Fee Require	
			Name				
415	ISLEH, E. G., P.A. 5 N.W. FIRST AVENUE ALA FL 32670		Street Addres	s (P.O. Box Number is I	Not Acceptable)		•
E			City	<del> </del>	····	FL Zip Cod	_
8. The above the obligation in the state of	re named entity submits this statement for ations of registered agent.	or the purpose of changing its re	gistered office or regis	tered agent, or both, in	the State of Florida	a. I am familiar with,	and accept
SIGNATURE			-				
	Signature, typed or printed name of registered agent	and tile it applicable (NOTE F	Registered Agent signature requi	ired when reinstating)		DATE	
		6.66 (A.8.28 A				the second se	S.K. ISBN 1-2-minutes
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Col		\$5.00 May Be Added to Fees	Make	Check Payable Department of S	to
10.	Due By May 1, 2005  OFFICERS AND DI	Trust Fund Col		<b>\$5.00</b> May Be	Make Florida I	Check Payable Department of S	to State
THLE	Due By May 1, 2005  OFFICERS AND DI	Trust Fund Col	11.	\$5.00 May Be Added to Fees	Make Florida I	Check Payable Department of S	to State
——————————————————————————————————————	Due By May 1, 2005  OFFICERS AND DI  PD  MCDONALD, DAN, REV.	Trust Fund Col	ntribution.	\$5.00 May Be Added to Fees	Make Florida I	Check Payable Department of S AND DIRECTORS IN	to State
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due By May 1, 2005  OFFICERS AND DI PD MCDONALD, DAN, REV. 4809 NE 97TH ROAD ANTHONY FL 32617  SD MCDONALD, MARY 4809 NE 97TH STREET ROAD	Trust Fund Col	11.  IITLE NAMF STRELT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida I	Check Payable Department of S  AND DIRECTORS IN  Change	to State
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due By May 1, 2005  OFFICERS AND DI PD MCDONALD, DAN, REV. 4809 NE 97TH ROAD ANTHONY FL 32617  SD MCDONALD, MARY	Trust Fund Cot	11.  IITLE NAMF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Make Florida I	Check Payable Department of \$  AND DIRECTORS IN  Change  03 4-023 61.25	to State  10 Addition Addition
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THLE NAME SIREH ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME GTREET ADDRESS CITY-ST-ZIP	Due By May 1, 2005  OFFICERS AND DI  PD MCDONALD, DAN, REV. 4809 NE 97TH ROAD ANTHONY FL 32617  SD MCDONALD, MARY 4809 NE 97TH STREET ROAD ANTHONY FL 32617  VD GLASS, DON 4809 NE 97 STREET ROAD ANTHONY FL 32617  D BLACKMON, KATHY D.	Trust Fund Cot  RECTORS  Delete  Delete	TI.  IITLE NAMF STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Florida I	Check Payable Department of \$  AND DIRECTORS IN Change  03 4-023 61.25 Change	to State  10 Addition Addition
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**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attact mention with an address, with all other like empowered

SIGNATURE:

SIGNATURE:

Ogton Prince or Director of the composition of the composition of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the composition of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under o