


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

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 761546				
1. Entity Name LIFECHANGERS INTERNATIONAL MINISTRIES, INC.				
Principal Place of Business 3940 NORTH HIGHWAY 441 OCALA FL 32670		Mailing Address 4809 NE 97TH ST. RD ANTHONY FL 32617		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2969432
				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MUSLEH, E. G., P.A. 415 N.W. FIRST AVENUE OCALA FL 32670			Name	
			Street Address (P O. Box Number is Not Acceptable)	
			City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				



1st MOORE CR2E037 (10/04)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, DAN, REV.			NAME			
STREET ADDRESS	4809 NE 97TH ROAD			STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, MARY			NAME			
STREET ADDRESS	4809 NE 97TH STREET ROAD			STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, DON			NAME			
STREET ADDRESS	4809 NE 97 STREET ROAD			STREET ADDRESS			
CITY-ST-ZIP	ANTHONY FL 32617			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKMON, KATHY D.			NAME			
STREET ADDRESS	4380 NE 25TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34479			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, DANNA J.			NAME			
STREET ADDRESS	3940 N. 441			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34475			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, MARLENE M.			NAME			
STREET ADDRESS	13870 NE 47TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SPARR FL 32192			CITY-ST-ZIP			

U00000211603
02/02/05-80124-023 61.25

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 attachment with an address, with all other like empowered

SIGNATURE: Rev. Dan McDonald 2-1-05 1-352629-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #