


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 761546</b> 1. Entity Name <b>LIFECHANGERS INTERNATIONAL MINISTRIES, INC.</b>					
Principal Place of Business <b>3940 NORTH HIGHWAY 441 OCALA FL 32670</b>		Mailing Address <b>4809 NE 97TH ST. RD ANTHONY FL 32617</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2969432</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MUSLEH, E. G., P.A. 415 N.W. FIRST AVENUE OCALA FL 32670</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 (10/06)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD MCDONALD, DAN, REV. 4809 NE 97TH ROAD ANTHONY FL 32617	<input type="checkbox"/> Delete	TITLE	000000680712 04/04/07-80010-016 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MCDONALD, MARY 4809 NE 97TH STREET ROAD ANTHONY FL 32617	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD GLASS, DON 4809 NE 97 STREET ROAD ANTHONY FL 32617	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BLACKMON, KATHY D. 4380 NE 25TH AVENUE OCALA FL 34479	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GLASS, DANNA J. 3940 N. 441 OCALA FL 34475	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GLASS, MARLENE M. 13870 NE 47TH AVENUE SPARR FL 32192	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Robert M. McDaniel* 3-26-07 3526294670