
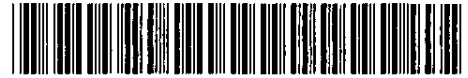


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 761546 1. Entity Name LIFECHANGERS INTERNATIONAL MINISTRIES, INC.	
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Principal Place of Business 3940 NORTH HIGHWAY 441 OCALA FL 32670	Mailing Address 4809 NE 97TH ST. RD ANTHONY FL 32617
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2969432	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUSLEH, E. G., P.A. 415 N.W. FIRST AVENUE OCALA FL 32670	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

U00000825543
 02/21/08-80014-013 61.25
 DATE

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	PD MCDONALD, DAN, REV. <input type="checkbox"/> Delete 4809 NE 97TH ROAD ANTHONY FL 32617
TITLE	SD MCDONALD, MARY <input type="checkbox"/> Delete 4809 NE 97TH STREET ROAD ANTHONY FL 32617
TITLE	VD GLASS, DON <input type="checkbox"/> Delete 4809 NE 97 STREET ROAD ANTHONY FL 32617
TITLE	D BLACKMON, KATHY D. <input type="checkbox"/> Delete 4380 NE 25TH AVENUE Ocala FL 34479
TITLE	D GLASS, DANNA J. <input type="checkbox"/> Delete 3940 N. 441 Ocala FL 34475
TITLE	D GLASS, MARLENE M. <input type="checkbox"/> Delete 13870 NE 47TH AVENUE SPARR FL 32192

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Paul Donald McDonald* Paul Donald McDonald 2-21-08