

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761546

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: LIFECHANGERS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

3940 NORTH HIGHWAY 441  
OCALA, FL 32670

**New Principal Place of Business:**

**Current Mailing Address:**

4809 NE 97TH ST. RD  
ANTHONY, FL 32617

**New Mailing Address:**

FEI Number: 59-2969432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUSLEH, E. G., P.A.  
415 N.W. FIRST AVENUE  
OCALA, FL 32670      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MCDONALD, DAN, REV.,  
Address: 4809 NE 97TH ROAD  
City-St-Zip: ANTHONY, FL 32617

Title: SD      ( ) Delete  
Name: MCDONALD, MARY,  
Address: 4809 NE 97TH STREET ROAD  
City-St-Zip: ANTHONY, FL 32617

Title: VD      ( ) Delete  
Name: GLASS, DON,  
Address: 4809 NE 97 STREET ROAD  
City-St-Zip: ANTHONY, FL 32617

Title: D      ( ) Delete  
Name: BLACKMON, KATHY D.  
Address: 4380 NE 25TH AVENUE  
City-St-Zip: OCALA, FL 34479

Title: D      ( ) Delete  
Name: GLASS, DANNA J.  
Address: 3940 N. 441  
City-St-Zip: OCALA, FL 34475

Title: D      ( ) Delete  
Name: GLASS, MARLENE M.  
Address: 13870 NE 47TH AVENUE  
City-St-Zip: SPARR, FL 32192

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: REV.DAN MCDONALD

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date