2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006211

Entity Name: LIVING ABUNDANCE COMMUNITY, INC.

Apr 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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208 HILL STREET CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

P.O. BOX 181867 P.O. BOX 181867

CASSELBERRY, FL 32707 CASSELBERRY, FL 32718-186 7

FEI Number: 43-1908340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

REV. MYRNA FRANCESCA GOMEZ 208 HILL STREET CASSELBERRY, FL 32707

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete () Change () Addition

REV. MYRNA FRANCESCA, GOMEZ, M.ED. Name: Name:

Address: 208 HILL STREET Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: GOMEZ, OBED Name: CARMEN, MORGAN Address: 208 HILL STREET Address: 500 E JERSEY STREET City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ORLANDO, FL 32806

Title: () Delete Title: (X) Change () Addition

CEPEDA, MALVINA Name: JOSEFA, RODRIGUEZ Name: 2516 WOODGATE BLVD. APT. 101 9118 DUBOIS BLVD Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32825

Title: () Delete Title:

(X) Change () Addition Name: MERCED, MARIA Name: CORALLY, RODRIGUEZ 121 N HAMPTON AVE Address: 932 OLD BARN RD Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32803

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: MYRNA FRANCESCA GOMEZ. Ρ 04/04/2008