

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000709

FILED
May 06, 2009
Secretary of State

Entity Name: LIFE CHANGING MINISTRIES INCORPORATED

Current Principal Place of Business:

837 NW 22 STREET
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

837 NW 22 STREET
OCALA, FL 34475

New Mailing Address:

FEI Number: 59-3613505 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORAND, TRINA M
11590 SW 38TH STREET
OCALA, FL 34481 US

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: BISH () Delete
Name: MORAND, JOHN E
Address: 11590 SW 38TH STREET
City-St-Zip: Ocala, FL 34481

Title: COF () Delete
Name: MORAND, TRINA M
Address: 11590 SW 38TH STREET
City-St-Zip: Ocala, FL 34481

Title: CDD () Delete
Name: JACKSON, VINCENT
Address: 2912 NE 4 CT
City-St-Zip: Ocala, FL 34479

Title: TD () Delete
Name: JACKSON, ELAINE
Address: 2912 NE 4TH COURT
City-St-Zip: Ocala, FL 34479

Title: CDD () Delete
Name: TORRES, RAY
Address: 901 NW 22ST
City-St-Zip: Ocala, FL

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:

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: PASTOR TRINA M. MORAND

COPA

05/06/2009

Electronic Signature of Signing Officer or Director

Date