2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N00000005118

Entity Name: LIFE-CHANGING CHRISTIAN CENTERS INTERNATIONAL, INC.

Current Principal Place of Business:

18440 U.S. HIGHWAY 441
MOUNT DORA, FL 327576707 US

New Principal Place of Business:

Current Mailing Address:

2705 ROBIE AVE
MT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3663312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIPLEY LAW FIRM
131 WATERMAN AVENUE
MOUNT DORA, FL 327579541 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: P ( ) Delete
Name: SIMONS, WILLIAM
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 327576707 US

Title: S ( ) Delete
Name: SIMONS, WILLIAM
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 327576707 US

Title: D ( ) Delete
Name: AUDAIN, FED
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 327576707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SIMONS, WILLIAM C
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 327576707 US

Title: S (X) Change ( ) Addition
Name: ARMSTRONG, FREDERICK
Address: 18440 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 327576707 US

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: WILLIAM SIMONS P 01/27/2009

Electronic Signature of Signing Officer or Director — Date