## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000005118

Apr 30, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

18440 U.S. HIGHWAY 441 2705 ROBIE AVENUE

MOUNT DORA, FL 327576707 US MOUNT DORA, FL 32757 US

**Current Mailing Address: New Mailing Address:** 

2705 ROBIE AVE P O BOX 74

MOUNT DORA, FL 32756 MT DORA, FL 32757

FEI Number: 59-3663312 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:

SHIPLEY LAW FIRM 131 WATERMAN AVENUE MOUNT DORA, FL 327579541 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** 

() Delete (X) Change ( ) Addition

SIMONS, WILLIAM C SIMONS, WILLIAM C Name: Name: Address: 18440 U.S. HIGHWAY 441 Address: 2705 ROBIE AVENUE

City-St-Zip: MOUNT DORA, FL 327576707 US City-St-Zip: MOUNT DORA, FL 327576707 US

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

ARMSTRONG, FREDERICK ROBINSON, DIERDRE Name: Name: Address: 18440 U.S. HIGHWAY 441 Address: 2705 ROBIE AVENUE City-St-Zip: MOUNT DORA, FL 327576707 US City-St-Zip: MOUNT DORA, FL 32757 US

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

AUDAIN, FED Name: DEKONING, HANS Name: 2705 ROBIE AVENUE Address: 18440 U.S. HIGHWAY 441 Address:

City-St-Zip: MOUNT DORA, FL 327576707 US City-St-Zip: MOUNT DORA, FL 32757 US

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 Ρ 04/30/2009