


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90378 050 \*\*\*\*61.25

<b>DOCUMENT # N02000008126</b> 1. Entity Name <b>LIFE CHANGERS CHURCH INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1918 N.W. 47TH TERRACE MIAMI, FL 33142</b>			Mailing Address <b>1918 N.W. 47TH TERRACE MIAMI, FL 33142</b>		
2. Principal Place of Business <b>1244 Alibaba Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>1530 NE 159 St.</b> Suite, Apt. #, etc.			
City & State <b>Opa-Locka, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-0964047</b>	
Zip <b>33055</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLARK, TORRIAN 1918 N.W. 47TH TERRACE MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1530 NE 159 St</b> City <b>MIAMI</b> FL Zip Code <b>33162</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLARK, TORRIAN 1918 N.W. 47TH TERRACE MIAMI, FL 33142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 NE 159 St MIAMI, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPH, ROD 1918 NW 47 TERR MIAMI, FL 33142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1530 NE 159 St MIAMI, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERILIEN, ADNER 173 N.W. 99TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORTUNE, CINDY 1550 NE 109 ST NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/10/06 736-457-1005 Date Daytime Phone #		