2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008126

FILED Apr 25, 2009 Secretary of State

Entity Name: LIFE CHANGERS CHURCH INTERNATIONAL, INC.

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

1244 ALIBABA AVE. OPA LOCKA, FL 33055

Current Mailing Address: New Mailing Address:

18781 NW 78TH PLACE 8881 NW 178TH STREET HIALEAH, FL 33015 HIALEAH, FL 33018

FEI Number: 20-0964047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CLARK, TORRIAN D BISHOP

18781 NW 78TH PLACE

HIALEAH, FL 33015 US

CLARK, TORRIAN D BISHOP

8881 NW 178TH STREET

HIALEAH, FL 33015 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: 04/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition Name: CLARK, TORRIAN Name: CLARK, TORRIAN

 Name:
 CLARK, TORRIAN

 Address:
 18781 NW 78TH PLACE

 City-St-Zip:
 HAILEAH, FL 33015

 City-St-Zip:
 HAILEAH, FL 33018

Title: VD () Delete Title: VD (X) Change () Addition Name: JOSEPH, ROD Name: JOSEPH, ROD

 Address:
 18781 NW 78TH PLACE
 Address:
 8881 NW 178TH STREET

 City-St-Zip:
 HIALEAH, FL 33015
 City-St-Zip:
 HIALEAH, FL 33018

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

 Name:
 MERILIEN, ADNER
 Name:

 Address:
 173 N.W. 99TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33150
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 FORTUNE, CÎNDY
 Name:
 FORTUNE, CÎNDY

 Address:
 1550 NE 109 ST
 Address:
 7384 NW 3RD AVE

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33151

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: CINDY FORTUNE SD 04/25/2009