


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000009525</b>	
1. Entity Name LIFESAVERS WORLD OUTREACH CHURCH, INC.	

Principal Place of Business 3300 ABALONE BLVD ORLANDO, FL 32833	Mailing Address 3300 ABALONE BLVD ORLANDO, FL 32833
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 32-0100743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CURA, ZENaida  
3300 ABALONE BLVD  
ORLANDO, FL 32833

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISANTO, MERCADO 2262 BABBITT AVE ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, JOSE 20781 OBERLY PKWY ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIM, CELY 12914 MARIBOU CIR ORLANDO, FL 22828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURA, ZENaida 3300 ABALONE BLVD ORLANDO, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000961386  
04/03/08-30007-015 61.25

**DO NOT WRITE  
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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

**SIGNATURE:**  **CRISANTO MERCADO** 3-13-08 407-744-9526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #