## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400006836

FILED Mar 05, 2006 Secretary of State

Entity Name: LIFE ENRICHMENT CHRISTIAN ASSEMBLY, INC.

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

3762 MADDLE LN JACKSONVILLE, FL 33210

Current Mailing Address: New Mailing Address:

3762 MADDLE LN JACKSONVILLE, FL 33210

FEI Number: 20-1234498 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:

ADAMS, SAMUEL D ADAMS, SAMUEL D 1428 W. 26TH STREET 3762 MADDIE LN

JACKSONVILLE, FL 32209 US JACKSONVILLE, FL 32210 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: 03/05/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ADAMS, SAMUEL D
 Name:
 ADAMS, SAMUEL D

 Address:
 1428 W. 26TH STREET
 Address:
 3762 MADDIE LN

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32210

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

 Name:
 ADAMS, CHIQUITA C
 Name:
 ADAMS, CHIQUITA C

 Address:
 1428 W. 26TH STREET
 Address:
 3762 MADDIE LN

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32210

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

 Name:
 WILLIAMS, TENISHA
 Name:
 BUCKMAN, RHONDA

 Address:
 3762 MADDLE LN
 Address:
 9859 STAPLE INN CT

 City-St-Zip:
 JACKSONVILLE, FL 33210
 City-St-Zip:
 JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL D ADAMS CEO 03/05/2006