

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006836

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LIFE ENRICHMENT CHRISTIAN ASSEMBLY, INC.

**Current Principal Place of Business:**

625 CASSAT AVENUE  
SUITE 2  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

3762 MADDLE LN  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 20-1234498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, SAMUEL D  
3762 MADDIE LN  
JACKSONVILLE, FL 32210 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** ADAMS, SAMUEL D  
**Address:** 3762 MADDIE LN  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** P  
**Name:** ADAMS, CHIQUITA C  
**Address:** 3762 MADDIE LN  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** YPD  
**Name:** JOHNSON, KAMRIE  
**Address:** 1951 BLAIR RD  
**City-St-Zip:** JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

**SIGNATURE:** SAMUEL D ADAMS

CEO

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date