

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

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90001 045 ****61.25

DOCUMENT # N04817

1. Entity Name
LIFE PATH CHRISTIAN CENTER, INC.



Principal Place of Business
1190 EAST LAKE ROAD SOUTH
TARPON SPRINGS, FL 34688 US

Mailing Address
1190 EAST LAKE ROAD SOUTH
TARPON SPRINGS, FL 34688 US



07162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2466252	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~ADAMS, MARLIN~~
~~7329 CAPTIVA CIR~~
~~NEW PORT RICHEY, FL 34655~~
Vaughan, Jerry
1101 Tee Time Circle
New Port Richey FL
34654

**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 *Jerry W. Vaughan* DATE *7-18-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAUGHAN, JERRY 1611 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, MARLIN 7329 CAPTIVA CIRCLE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOZNAK, VINCE 100 HAMPTON RD UNIT 260 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, LYNDA 1498 E LAKE WOODLAND PKWY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MOORE, VIVIAN 1074 FARMINGDALE LN NEW PORT RICHEY, FL 34655 <i>- Deleted</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Jerry W. Vaughan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-08 *727-424-5735*
Date Daytime Phone #