## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007654

Entity Name: LEADERS IN GODLY HOME TRAINING, INC.

FILED Jan 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18641 SW 93 AVENUE MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** P.O. BOX 562751 MIAMI, FL 33256 FEI Number: 20-3190627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHUNG, MAIRA 18641 S.W. 93 AVENUE MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DISNEY, DENISE PORCH, MICHELLE Name: Name: 6220 SW 79 ST. Address: 8825 SW 183 TERRACE Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33157 Title: DT Title: (X) Change ( ) Addition ( ) Delete Name: CHUNG, MAIRA Name: CHUNG, MAIRA Address: 18641 S.W. 93 AVENUE Address: 18641 S.W. 93 AVENUE City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: () Change () Addition HILL, LINDA Name: Name: 10192 SW 200 STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: DRURY, MYLINDA Name: WAGNER, SANDY 19610 CHRISTMAS RD. 13901 SW 160 STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33177 Title: () Delete Title: (X) Change ( ) Addition PORCH, MICHELLE RATCHFORD, SARAH Name: Name: 8825 SW 183 TERRACE 9451 HAITIAN DRIVE Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MAIRA CHUNG T 01/17/2009

() Delete

SAKKAB, LORI

MIAMI, FL 33189

21337 SW 92 AVENUE

Title:

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

RIVEROL. ISABEL

MIAMI, FL 33186

14250 SW 145 TERRACE